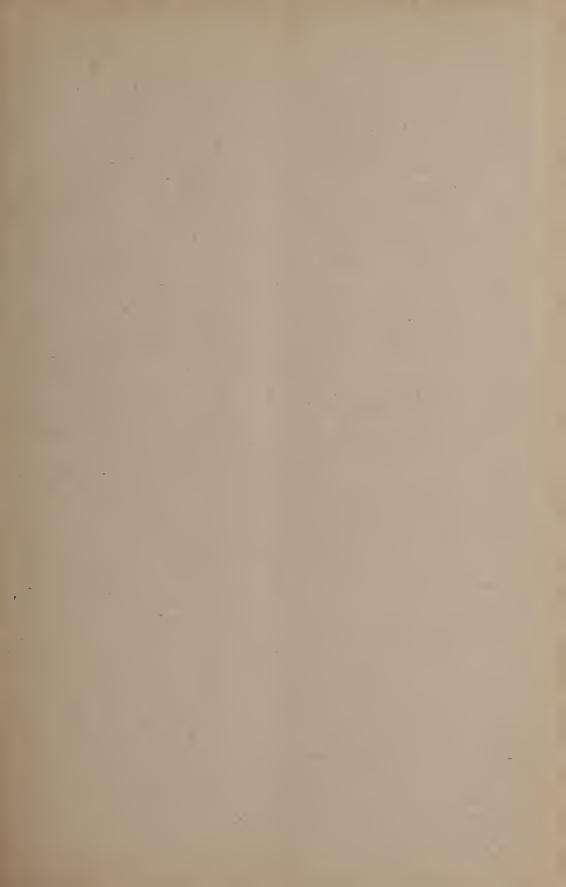


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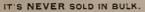




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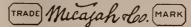
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Official Organ of the Vermont State Medical Society and Thurber Medica Association.

Vol. VII.

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No. 1

#### Lobar Pneumonia.\*

By Dr. W. L. Heath, Richmond, Vt.

Lobar Pneumonia is an acute disease, in which a specified parasite invades the air cells of one or more pulmonary lobes, where it grows in the fibrinous medium exuded from the functional capillaries and generates a toxin that affects the system at large with constitutional disturbances of varying intensity. The fever terminates abruptly by crisis. The diplocococus pneumoniae is invariably found in the diseased lung. Pneumonia is a wide-spread disease. It prevails at all ages. Children and the aged are quite as susceptible as adults; males are more frequently affected than females.

Debilitating causes of all sorts render individuals more susceptible; alcohol is a very predisposing factor. No acute disease occurs with such frequency. The disease occurs in all climates, but is more common from December to May and especially March, April and May when changes are very sudden. Cold has often been thought to be a predisposing cause and sudden cold is often followed by the disease, but oftentimes there is no history of cold. Pneumonia often follows trauma-

\*Read at 87th Annual Meeting of the Vermont State Medical Society.

tism. A strong proof that pneumonia is an infectious disease caused by micro-organism is its occurrence in epidemic form, oftentimes two, three or more cases in the same household. The diplocococus pneumoniae of Fraenkel is the most constant organism in Lobar pneumonia and is now believed to be the specific cause of the disease. The diplocococus pneumoniae may be present in healthy individuals but is always present in the disease. According to the dominant view, pneumonia is an infectious disease caused by this diplocococus which has its seat of election and produces its chief effect in the lung but it may under various circumstances invade other parts of the body. It is not improbable that the predisposing causes as colds, age, sex and debility lower the vitality, render the individual more susceptible, thus changing the character of the tissue soil, so that the virus can grow and produce its specific effect. Recently very interesting studies have been issued on the production of immunity and upon the care of pneumonia. Immunity is readily obtained in animals, either by subcutaneous or in intravenous injections of large quantities of filtered bouillon cultures. Although rarely lasting over six months, it has also been found that the serum in the body of the animals rendered immune, when introduced in the body of another suffering with the disease has the power of curing the disease. We believe that the pneumococcus produces a poisonous albumen. The pneumotoxin when introduced into the circulation cause elevation of temperature and a subsequent production in the body of an anti-pneumotoxin which possesses the power of neutralizing the poisonous albumen which is formed by the bacteria. In man they hold that during pneumonia there is a constant absorption into the circulation the poisonous albumen, produced by the bacteria in the lungs. This occurs until the antipneumotoxin is produced. It is then that the crisis occurs. The bacteria is not destroyed but the antidote now exists and neutralizes the toxins as they are produced. In pneumonia we have three stages in the diseased lung, stage of engorgement red hepatization, gray hepatization. Stage of engorgement, lung tissue would be red in color, firmer to the touch, more solid and on section the surface is bathed in blood and serum, it still crepitates, and excised portions will float, the air cells can be dilated by insufflation from the bronchus.

Microscopical examinations show the capillaries first to be greatly extended, the epithelium swollen and the air cells occupied by red blood corpuscles and detached alevolar cells. In red hepatization the lung tissue is solid firm and always on section the surface is dry, reddish brown in color and has lost its deeply congested appearance of the first stage. A hepatized lung can be easily broken or torn with the fingers, while the healthy lung is very elastic. On scraping the surface with a knife a reddish serum is removed. The small bronchi often contains fibrinous plugs. Microscopically the air cells are seen to be occupied by coagulated fibrin and alveolar epithelium. The walls are infiltrated and the leucocytes are seen in the interlobular tissue; cover glass preparation from the exudate show the diplococcus already referred to. In the stage of gray hepatization the tissue has changed from a reddish brown to a grayish white color, the surface is moister, the exudate that is obtained on scraping is more turbid, the granules are less distinct and the lung tissue is still more friable histologically. In gray hepatization it is seen that the air cells are densely filled with leucocytes, the fibrin network and the red blood corpuscles.

A more advanced condition of gray hepatization is that known as purulent infiltration, in which the lung tissue is soft and bathed with a purulent fluid. This stage is the first stage in the process of resolution, the exudate is soft and rendered capable of absorption. In pneumonia all other organs of the body suffer, the heart is disturbed with pericarditis and endocarditis, commonly the kidneys show parenchymatous swelling and at times interstitual changes. The spleen is often en-

larged, meningitis is often present, the liver shows parenchymatous changes and often engorgement of the hepatic veins, symptoms you are all familar with. Chills severe, usually present, followed with fever, headache, convulsions in children and oftentimes coma in the aged, pain in the affected side is often present, congli expectorations at first viscid, then brick dust, respiration rapid and panting.

Pulse elevated, countenance anxious, delirium usually present, urine scanty. Inspection may or may not show any difference between the two sides, usually the movement is least on the affected side; later when consolidation has occurred the difference in expansion is very marked. Mensuration may show a definite increase in the volume of the side involved. The intercostal spaces are not obliterated. Palpitation indicates still more clearly the lack of expansion. Tactile fremitus is increased, percussion, is from tympanitic to flat, differing with each stage of disease. Suppressed breathing in the affected side is a marked feature in the early stage. At the end of inspiration is heard the fine crepitant rale, fine crackling sounds are heard coming either from pleurisy friction sounds or from minute air cells, rales are very uncertain at this stage, sometimes marked, other times most imperceptible. When resolution begins, mucous rales of all sizes can be heard. During the chill the pulse is small and rapid, but in the fever following it is usually full and bounding, but the pulse may be small and rapid from the onset. The number of blood cells are reduced but the special change is in the corpuscles themselves. Gastrointestinal irritation is quite common, tongue white and furred, rapidly becoming dry, constipation common. Herpes quite often occurs, on one cheek a redness is nearly always present, urine scanty and highly colored. Headache common and in drunkards you may get delirium tremens from the onset. Resolution is effected partly by expectoration and partly by absorption. Abscesses may result from purulent infiltration of lung tissue. Fibroid induration may occur but it is very rare.

As a rule pneumonia is easily recognized, but I think errors in diagnosis are often made when a more thorough examination would reveal the cause.

I will give the treatment I now use, hoping it will bring out in the discussion many points I have omitted:

#### TREATMENT.

Place a patient in bed in a well ventilated room at about 65°F. The air should be changed often, clean cloths should be provided to receive the expectoration, and burned with every antiseptic precaution. Wrap the patient in a cotton jacket and apply some counter irritation such as turpentine or mustard. An ordinary amount of liquid food should be given but over-feeding should be guarded against. Water in abundance should be used as it favors elimination from skin and kidneys.

Experiments have taught us that the life of a diplococcus is very short and that of all known germs this is the most sensitive and hardest to cultivate. Therefore, the first object of treatment is so to act upon the blood and to make the fibrin which is exuded from the air cells as unfit a medium as possible, for the growth of pacific germs.

Calomel should be given as it absorbs and affects the activity of the germ formation in the medium and is supposed to have an antiseptic effect in the blood. Quinine may be given and it also has some antiseptic action in the blood, as well as antipyretic action. Creosote is supposed by some to be a specific for the disease and should be given if the stomach will bear it. It is very useful combined with c'eloroform as an inhalation.

Chloroform in the strong and robust is useful and when inhaled seems to have a controlling effect on the exudate, and to render it an unfit medium for the pneumococcus. Experiment shows this organism very sensitive to chloroform.

Chloroform may be administered in connection with oxygen by adding one or two drams to the water in the wash

bottle. Aside from the action upon the germs the chloroform allays pain, quiets the nerves and promotes sleep. Although authorities say that pneumonia is a self-limited disease, not influenced by medicine or treatment, it does seem that the disease can be cut short or limited by careful and judicious treatment in the right time. I have seen a large robust man with every symptom of pneumonia in the first stage relieved by blood letting, and in a few days convalescense sent in. It seems that in the robust when the arteries and veins are so distended that we are justified in using our lancets, and although death often follows blood letting I believe it is because we wait too long to have good results. It must be done early. The effect in blood letting in mild cases may be obtained by drawing the blood from the veins and storing it up in the arteries. This may be done by drugs that have the power of relaxing the arterial system. Aconite has that power and is a safe drug to be used at this time. Nitro-glycerine will have a prompt action and is said to be very effective, but personally I have had no experience with its use. Oxygen is a very useful remedy but its use should not be deferred until too late. I have seen many apparently hopeless cases recover under its use. To combat the toxaemia already in the system we have as yet no direct means. Serum therapy is suggested but as yet it is in its infancy and I am unable to speak of its merits; we must depend upon the euuuctories. These are the skin, kidneys and the intestinal glands.

Calomel should be given for its effect upon the bowels as well as its absorptive effect. Iodide of potassium combined with the infusion of the digitalis should be given for its diuretic action. Iodide of potassium also has a beneficial effect on the bronchial secretions. Infusion digitalis is the best diuretic, also as it has a strengthening action on the heart and does not often contain the digitoxin usually found in the tincture of digitalis.

Spirits of nitrous ether is also useful as it produces diaphoresis as well as being a good diuretic. Strychnine is the best heart supporter. Strychnine 1-60 to 1-30 grain doses given every four hours has no equal. Strophanthus is also useful; caffein in the form of a strong coffee is very useful at times.

In all cases with asthenic tendency alcohol in the form of brandy or whiskey should be given early, and increased until held in check. I think it is a great mistake not to give alcohol in some form and ordinarily in very large doses; it is a fact that no intoxication is produced by the same amount that would be disastrous in a state of health. I cannot speak too highly of its merits in this particular disease.

Guiaacol combined with hypophosphites given early in convalescence. To relieve the cough, codein or heroin should be used combined with the muriate or carbonate of ammonia. Steam inhalations are also very useful and comforting to the patient.

To reduce the temperature, cold is a common practice in hospitals but in private practice it should not be used unless in very serious cases, when all other means fail.

Phanacetin or acetanilid acts very quickly, and danger in their use is small if used with care and in small doses, 3 grains of acetanilid with the same amount of ully powder is very useful combined. To relieve the pain, morphine is the most reliable drug and should be used with care.

Thanking you for your attention, I now leave the subject for discussion.

#### Treatment of Gonorrhoea.

By J. Francis Ward, M. D., Brooklyn, N. Y. City.

Formerly Resident Physician and House Surgeon of the Baltimore University Hospital. Baltimore, Md.

During my service at the Baltimore University Hospital I have had ample opportunities for testing the value of protargol in the treatment of gonorrhœa in both male and female patients and also in inflammatory disease of the eyes.

In hospital practice I have treated twenty-five cases of gonorrhoea in the male with protargol as an injection, and accurate records kept from day to day. Twenty of these cases were acute and five chronic, averaging from four to eight months' standing.

The treatment of the acute cases in the hospital consists in putting the patient on a light diet of milk and toast, ordering him to abstain from alcoholic beverages, coffee, spices and tobacco and sexual excitement, to rest, and take as little exercise as possible. After the first week the diet list is increased, and the patient is allowed to take soup and gruels, and gradually a regular diet. For internal medication the following is given:

	0Z.
Potass, citrate	
Ol. santal	
Mucilag, acaciæ	i.
	<u>-</u> 2S8.
	iij.
Shake.	
Shake.	

M. Sig.: One drachm every three hours.

This will allay the acidity of the urine. Protargol injections are resorted to twice daily as the symptoms present themselves, the morning being the best time, after the patient has urinated. The urethra is first washed out with a twenty-five per cent. solution of peroxide of hydrogen, using from one-half to one ounce at a time, with a conical glass-pointed syringe.

The peroxide of hydrogen will clean away all pus and debris. After this the urethra is washed out with a warm saturated solution of boracic acid. This will remove any peroxide of hydrogen remaining in the urethra. Then use the protargol from 1:1000 to 1:500 in a return flow irrigator (Halstead). The reservoir is held at a level of about three to four feet, and about one to two quarts allowed to flow through the urethra at intervals. The urethra can be distended by compressing the return flow tube; and if, during the irrigation, it is desirable to increase the pressure, this can be done by raising the reservoir by degrees. By clamping the return flow tube, and ballooning the urethra, the protargol is brought in contact with every portion of the affected mucous membrane. By so doing it acts not only upon the superficial layer but also upon the deeper layers of the mucous membrane. This is essential, as the gonococcus lodges in the deeper structures, and it is necessary for the protagol to come in contact with these in order to eradicate the germ. Owing to its penetrating power, protargol is far superior to all other remedies of this kind, and furthermore it does not cause pain or irritation, and the disease is checked in a very short time. The irrigations with protargol in the above strength are made twice a day for the first few days of the disease, and then the strength of the solutions increased to 1:500 to 1:100, and later decreased.

After the first day the discharge is examined microscopically for gonococci, which will be found to decrease rapidly under the above treatment. By following the instructions carefully, the gonococcus will disappear completely after the tenth day, as it has in sixteen of the twenty-five cases under observation. In four cases it disappeared in fifteen days, and in the remaining five, which were chronic cases, in from three to four weeks. After the disappearance of the gonococcus, the discharge can be entirely checked by the use of some astringent, as subgallate of bismuth or sulphate of zinc. If the patient has painful erections, he should apply to the penis a solution of lead

and opium, one drachm to one ounce, on a piece of some absorbent material wrapped around the organ. Usually two applications will suffice. For home treatment in private practice, the patient is instructed in regard to diet and abstaining from alcohol, tobacco, spices, and undue sexual excitement, enjoining him to rest as much as possible. Instruct him how to use the syringe and cleanse out the urethra with the above solutions of peroxide and protargol. For the injections, he should procure a syringe holding about eight drachms, and use an ounce of the solution of protargol, five grains to the ounce, at each injection. Gentle pressure should be employed, but later may be increased. The urethra should be ballooned three or four times at each injection for from ten to twenty minutes altogether, the injection to be used three times a day. The doctor must explain to the patient how to balloon the urethra; he must do it for him the first time, so that he will understand; otherwise the results will not be as successful.

In gonorrheal vaginitis the treatment consists of general instruction as to the diet, abstaining from stimulants, as coffee, alcohol and excesses, and taking rest in bed, if possible. After a douche, an injection of twenty five per cent. hydrogen dioxide is made, followed by a warm saturated solution of boracic acid. After this, protargal is applied in solutions of ten to fifteen grains to one ounce of water. The vagina is made to retain some of the solution for from ten to fifteen minutes, by holding the two labia together; by so doing, the same object is accomplished as in the male urethra, to bring the protargol in contact with all parts of the mucous membrane of the vagina, and to penetrate the deeper layer, which is necessary to obtain curative results.

After from one to two weeks, the gonococcus will entirely disappear, which can be determined by microscopical examination. Finding the gonococcus has disappeared, the vagina should be douched with an astringent, as alum, one drachm to one pint of water, once a day, or of vaginal cones of borogly-

ceride used. If the urethra is implicated, the use of the following crayons, as prescribed by Dr. Sheffield:

R	Protargol	gr. 2	ĸii.
	Iodoform		
	Balsaın Peru	_	
	Ext. Belladonna	gr. i.	
	Cacao butter, q. s.		

M. Make twelve crayons from one to two inches in length, and one-eighth inch in circumference.

Sig.: One to be inserted into the urethra night and morning.

In painful urination, alkaline sitz baths and the formula prescribed in the male for allaying the acidity of the urine may be employed.

In gonorrheal affections of the eyes, protargol has proved very satisfactory in both hospital and private practice.

In the treatment of eye disease, a solution of protargol of five to twenty-five grains to the ounce is used. This may be dropped in or applied by saturating a cotton swab with the solution, the application being made night and morning, and the eyes bandaged.

In ear troubles, the ear is gently syringed, three times daily, with a solution of the same strength of protargal.

I will relate only a few particularly interesting cases coming under my observation which were treated with protargol.

Case I.—J. F.. aged twenty, an ice-man, contracted gonorrhea for the first time. He had been using the various patent remedies, also sulphate of zinc, lead, copper, and nitrate of silver, without satisfactory results. As a last resource he came to the hospital, the disease having been present for eight months. He was completely run down and emaciated, and weak from the continuous discharges; his stomach was in a very bad condition, not being able to retain anything. He was immediately directed to use protargol, as above described. In connection with this, I passed steel sounds, commencing with a No. 11, American, and increasing the size. The injections were made after passing the sound. Attention

was also paid to improving the condition of his stomach. At the end of four weeks he was discharged entirely cured.

Case II.—The patient was a man twenty seven years of age, a dry goods clerk, and gave the following history: He had been married two months, and had never had intercourse with any woman except his wife. The discharge commenced about seven weeks after he was married. Some of the discharge, placed under the microscope, showed the presence of the gonococcus. He was treated with protargol, as described above, and he was cured in sixteen days.

Case III was a colored girl aged nine years, who was assaulted by a negro aged twenty-two years. The child was brought to the hospital suffering with great pain, with the vagina slightly torn; at that time there was no suspicion of gonorrhoa. The following day the child complained of pain, and an itching sensation in the vagina. The parts had been dressed antiseptically. On the fourth day a discharge was noticed and it was decided to examine it under the microscope, and the examination revealed the presence of the gonococcus, and it was at once suspected that she had contracted it from the negro. He was in jail awaiting trial, and after closer questioning admitted that he had a discharge for the past eight weeks. Under protest he allowed me to make an examination of the discharge in which the gonococcus was found. proved beyond doubt that he was the one that assaulted the girl. He was sent to prison. The child was treated with protargol. The vagina was thoroughly cleansed with a twentyfive per cent. solution of hydrogen peroxide. After that a satuated solution of boric acid injected, and the vagina was then gently irrigated with a one-fourth per cent. solution of protargol, three times a day. During these irrigations the vagina was made to retain a portion of the solution by holding the labia together for ten minutes at a time. After two weeks' treatment in this way the child was allowed to return home. The mother was instructed to bring the child to the hospital

three times a week for the same treatment; and this was continued for two weeks, when a complete cure resulted.—*Medical Review of Reviews*.

The Influence of Butter Upon Gastric Digestion.—Wirschillo, an eminent Russian physician, has, according to Vratch, recently conducted a series of experiments for the purpose of determining the influence of dairy butter upon the secretion of gastric juice in children. His observations agree with those of Pawlon, who previously showed that fats diminish the activity of the gastric juice by lessening the amount of hydrochloric acid and pepsin produced. We have in this fact a clear explanation of the well-known fact that the free use of fats gives rise to biliousness. Biliousness is simply a condition in which foods are retained in the stomach for too long a time and undergo fermentative and putrefactive changes. The poisons produced are absorbed into the system, and give rise to the well-known symptoms which accompany bilious attacks.—Modern Medicine.

# Advantages of the Spray in Pseudo-Membranes of the Pharynx.\* .

By D. C. Brown, M. D., Danbury, Conn.

On the exposed surface of the pseudo-membrane in diphtheria, the diphtheria bacilli mass in abundance, reproducing themselves and generating toxins; while, penetrating the membrane to its middle layers, the mixed or single form of pyogenic cocci are found, or may even enter the organized tissues themselves. Drawn up to oppose the entrance of these foreign forces the organism has thrown out, from its side of the membrane, an army of phagocytes, with their "forlorn hope" of alexins, who engage the foe in "mortal combat" until the battle is lost or won. Experience has proven, however, that these forces of nature are inadequate to protect the organism from invasion and are only partially able to subdue the enemy after he has gained a foothold, especially while he is thus drawing from a rich base of supplies and recruits. They (the phagocytes), on the other hand, have advanced further and further from their base of supplies and at length have penetrated the enemy's lines so far that his toxic influence is too great for them and they succumb.

It is, therefore, with the spray, better than any other means, that we may attack the enemy in the rear, destroy his supplies and prevent the recruits from joining the line of battle. Irrigation fails to give the penetrating power necessary to get to the middle layer of the pseudo-membrane. It and gargles are good for cleansing, but I fail to see the reason for the oblivion to which modern teaching has consigned the spray. I admit that harm may be done with it, and that the child fights against it; but the same objections hold good against irrigation, and the young cannot gargle. I avoid spraying the uvula unless covered with a pseudo-membrane, and in

fact avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally, I have two favorite solutions which I rely upon to be used as sprays in accordance with the individual case. The first is hydrozone, and I direct that the nurse put two teaspoonfuls with three to eight teaspoonsfuls of water and use at first every half hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudo membrane. It makes a way for other antiseptics which may be subsequently used.

The second spray is a solution of formaldehyde, directed to be used as follows:

R	dr. oz.
Sol. formaldehyde, 1%, 38-60	j—ij
Kal. chlor,	
Acid, boric	4. j
Glycerine	15. ss
Aq., ad	120, iv
M. Sig. Use in spray after hydro	ozone.

This I make the standby and vary the strength according to the condition, and continue with it when the pseudo-membrane has become so thin that I do not care to continue with the hydrozone. Remembering the middle layers of the pseudo-membrane and the depths of the crypts, I shoot hard and quick and resort to the spray early, and very often do not have to use the antitoxin.

<sup>\*</sup>Abstract from the New England Medical Monthly, January, 1900.

# The Vermont Medical Monthly.

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#### EDITORIALS.

### Cocaine Debauchery in the South.

It seems that addiction to cocaine has become alarmingly prevalent among the negroes and the lower-class whites in certain sections of the South, so prevalent, indeed, that apothecaries who ordinarily carried a drachm of the drug as the stock on hand have increased the amount to ounces and even to pounds. We learn that there is a locality in Chattanooga known to the police as "Cocaine Alley," a den of vice and filth extending for about four blocks, in which, as a citizen of Chattanooga writes, there "will be found at night about three or four hundred people, mostly black, but with a fair sprinkling of whites, all 'snuffing' cocaine and lying around in all conceivable attitudes and conditions." The local authorities have passed an ordinance forbidding the sale of cocaine except on prescription, but, unfortunately, it is difficult to prevent a prescription from being filled repeatedly, so that one prescription can be made to serve the purposes of a horde of debauchees. It is probable that State legislation will be required to put an end to this foul state of things.—N. Y. Med. Jour.

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### Dr. Gould's Retirement from the Philadelphia Medical Journal.

It is with much regret that we learn of Dr. Gould's forced retirement from the Editorship of the *Philadelphia Medical Journal*. It is the old story of medical institutions being dominated by laymen, and the result is just as it always has and always will be,—injustice and ingratitude for the medical man.

In this day of many medical journals it is surprising to see a publication forge to the front as has the Philadelphia Medical Journal. It has been one of the leading Medical weeklies in the United States, and we believe that we are only stating what is generally known and believed when we say that Dr. Gould, with his Editorial ability and individuality, has made the publication all that it is.

We do not consider Dr. Gould infallible. Many of his methods and ideas have been at variance with what we considered right. But he certainly has been honest in his convictions and has had the courage to stand by them. For this we honor and respect him, and when he is treated injustly or viciously attacked by a half baked Roycrofter we are going to stand by him. No one can truthfully claim that he has tried to depreciate the honor or standing of the Medical profession. His efforts have manifestly been in the other direction, and we believe he has had quite as great a measure of success as those who attack and abuse him.

In his future undertakings we wish him abundant success and prosperity.

### An Ethical Company.

The Maltine Company has during its existence of more than 25 years consistently depended upon strictly ethical methods in building up its great business. It submits samples of its products to physicians, to enable them to satisfy themselves of their therapeutic value, issues clinical records made in the leading hospitals and by reputable physicians in private practice, and publishes dignified and effective advertisements in medical journals. All inquiries, requests for literature or samples from laymen are referred to local physicians.

Now the company has taken another step, wise and farreaching, which will add still more to its prestige among the profession. It will in future not only refuse to supply the Maltine preparations to department stores, but will refuse to supply them to dealers who are known to sell them to department stores. This not only emphasizes the fact that the Maltine preparations are classed as standard ethical products, just as quinine, iodide of potassium, fluid extracts, etc., are, but will enable retail druggists to secure the legitimate profit which is clearly due them.

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### Interesting Advertising.

"Medical Methods—Old and New" is the subject of an illustrated series of advertisements of the Abbott Alkaloidal Company which has just been commenced in the Vermont

MEDICAL MONTHLY and some twenty-five other leading medical journals. This series when complete will comprise a pictorial history of medicine from the first records in ancient Egypt to the latest developments in modern therapeutics. It promises to be the most interesting, enterprising and expensive advertising which has ever appeared in the medical press. The particular attention of our readers is directed to chapter 1 of this series which appears on page of this issue. It is worth while looking up.

## An Exposition Booklet.

Another Beautiful Production from the Bureau of Publicity of the Pan-American at Buffalo.

Here comes another of the beautiful booklets from the Bureau of Publicity of the Pan-American Exposition, Buffalo, N. Y. It consists of 16 pages and a cover in light green. The unique feature of it is the miniature reproduction of the famous poster, "The Spirit of Niagara," which has had a most remarkable demand. The envelope in which the poster booklet is mailed also bears a reproduction of this artistic work. The booklet is a popular picture book, the first page having an engraving of the magnificent Electric Tower, which is 391 feet high, and which will form the glorious center-piece of the great Exposition. On the same page is a miniature of one of the torch bearers which will adorn the wings of the Electric Tower, and beside it a picture of Niagara Falls. The second page shows a picture of the Electricity Building and five other small illustrations of the uses of electricity. The third page shows the splendid group of buildings erected by the National Government and which will contain the Government exhibits, also five minature illustrations, one of them showing the lifesaving station, where exhibitions will be given daily by a picked crew of ten men, during the Exposition. The fourth page is devoted to the wonderful displays of government ordnance; the fifth to the Machinery and Transportation Building and four other illustrations of modern machines and vehicles. The center of the booklet shows a birdseye view of the Exposition, and gives one some idea of the great extent of the enterprise upon which about \$10,000,000 is being expended. The grounds contain 350 acres, being half a mile wide, and a mile and a quarter long. Other pages show horticulture, graphic arts and mines, manufactures and liberal arts, the Music Temple, the Plaza and its beautiful surroundings, the Stadium or athletic field, the agricultural, live stock and ethnology features, and a few of the 30 or 40 ingenious and novel exhibits which promise to make the Midway the most wonderful that has ever been prepared for Exposition visitors. The last page shows a ground plan of the Exposition, whereon the location of different buildings is indicated. The railroads will make low rates from all parts of the country during the Exposition, which opens May 1 and continues six months, and the people of Buffalo are preparing to entertain comfortably the millions who will attend. Anyone desiring a copy of this booklet may have it free by addressing the Pan-American Bureau of the Publicity.

# MEDICAL ABSTRACTS.

Cardiac Dropsy.—Calomel often proves to be an excellent diuretic, even when digitalis fails. The former is to be given in 2 or 3 grain doses combined with 1-6 grain opium, three times a day. The diuretic action is not usually manifested until the third day. When it fails to act we must look out for mercurialism, which is best prevented by mouth hygiene. Abrams makes frequent use of infusion of digitalis, a tablespoonful thrice daily, combined with 15 grains of diuretin.—Denver Medical Times.

Colds.—It is said that a few drops, ten or twenty, of a good tincture of catnip, the common name for nepeta cataria, in hot water, every hour, will break up a cold in less time than any other remedy. Most of the physicians of twenty years ago can readily recall the important place catnip held in the family medicine chest in "the good old days." It can be taken in sweetened water, and makes a most pleasant remedy as well as efficacious. Give it a trial when you have a patient with a fresh cold.—Chicago Medical Standard.

Orchitis.—When this results from gonorrhea, it can be relieved in a few days by the internal use of sulphate of soda enough to move the bowels well each day, and then give from ten to fifteen grains of sodium salicylate three times a day. It will begin to improve in about two days, and in one or two weeks it will be entirely relieved. During this time, however, it is best to wear a suspensory sack.—Sanative Medicine.

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The Treatment of Syphilis.—A new and tolerable form of administering mercury, with report of 65 cases treated at Bellevue Hospital. By Winfield Ayres, M. D., New York City, Instructor in Genito-urinary Surgery at the New York Post-Graduate Hospital, and attending Genito-urinary Surgeon at Bellevue Hospital, Out-door Patients' Department. Abstracted from the author's original paper in the Philadelphia Medical Journal, November 10, 1900. The writer states that when his attention was called to Mercurol as an antiseptic of special value in the treatment of gonorrhoœa, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first one-eighth of a grain was given three times daily, and this dose was gradually increased until it was found that three grains was the average quantity required to control the malady. The highest amount given was seven grains and the lowest amount that exerted a controlling influence upon the disease was one-half grain. In starting a patient on a course of Mercurol the author advises beginning with half grain or grain doses. Salivation has been produced by two grains, and yet as much as six grains has been taken with no disagreeable symptoms.

The objections to the use of unguentum hydrargyri as a remedy in secondary syphilis are referred to; and while the popularity of mercuric protiodide is conceded, the irregularity of its action and its tendency to cause gastric and intestinal disturbances are not overlooked. In the writer's experience 33 per cent of his cases were not benefited by this drug.

Mercurol is a nucleid of mercury, and was discovered by Karl Schwickerath of Bonn, Germany. Kopp, director of the Royal Polyclinic for Genito-urinary Diseases at the University of Munich, uses Mercurol in smaller doses, which leads the writer to remark "he will find as I have done, that it is desirable to use a much larger dosage." Mercurol should not be given in solution with potassium idodide.

In all, 65 cases received Mercurol of the Bellevue clinic, 60 of which had not had previous treatment. Of these, 13 did not return after the first or second visit; 14 did not remain long enough under treatment to give the preparation a fair trial; and 13 may be described as new patients. Deducting these 40 cases, there remain 25 cases that have been sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The detailed histories of these 25 cases are included in the paper. In summarizing the author remarks that while two months' treatment of syphilis is insufficient to determine absolutely the value of any remedy, the marked improvement shown by many of his cases makes it certain that Mercurol is of great value. Its superiority to mercuric chloride in controlling the symptoms of syphilis is proved. Like all internal remedies it has very little effect upon the initial lesion; still it has hastened the healing slightly. None of the cases required treatment with potassium iodide to control secondary manifestations.

To recapitulate, 1. Mercurol causes less disturbance of the gastro intestinal tract than any other preparation of mercury used internally. 2. It controls skin eruptions and pains much better than any other preparation, while it controls mucocus eruptions as well as any other, and has equally as good an effect upon the the chancre. 3. It is an advantage that it can be taken in pill form.

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bronchial coughs. It is gratifying to remark that Glyco-Heroin (Smith) lacks that nauseating sweetness which accompanies most of the cough remedies. From my personal experience, I recognize it as a specific in relieving all irritating coughs, and I hope your success will be as great as the relief the poor consumptives receive from from it. Believe me, yours respectfully, G. MICHON, M. D.

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Dr. Milner Fothergill of London, insisted that cough of this character is due to lack of tone, not only in the general system but in the blood vessels of the bronchioles. This authority demonstrated that the only successful method of treating this form of cough is by means of appropriate systemic and vascular tonic medication. It is particularly in this class of cases that Gray's Glycerine Tonic Comp. has gained a most enviable reputation. This remedy, which is a most palatable and agreeable one, not only has a selective tonic and antiphlogistic action upon the respiratory mucous membrane, but it removes the ever-present element of systemic depression. The beneficial effects of Gray's Glycerine Tonic Comp. even in rebellious cases, are invariable and most pronounced.



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Shoemaker's Materia Medica in its various editions has been so popular a text-book among the medical students of America, that especial satisfaction will be felt in the issuance of a special edition adapted particularly to student use. A careful examination of the book shows that it is distinctly modern and up to date. The subject matter is arranged for easy reference and while not too voluminous is still sufficiently complete to give the substance of what a student ought to know.

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which is replete with information concerning drugs and their preparations, we are pleased to find no reference to any secret combination. Not only is the exact formula given in each case, but in many instances a suitable dose is suggested, a feature that will surely be appreciated by the student.

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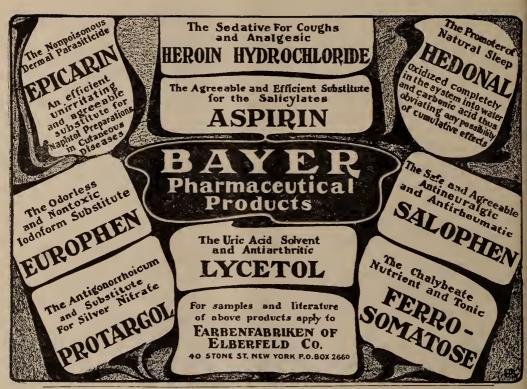
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# VERMONT VER

Vol. VII.

February, 1901.

No. 2.

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#### OLD AND NEW MEDICAL METHODS



### CHAPTER 2

#### HOMERIC GRECIAN.

A lamb was sacrificed and the patient was placed on the hide at the feet of the statue of the God Aesculapius, and at same time sacred rites were performed, while the records of the cases were inscribed on the columns or the walls of temple. Ointments and decoctions from herbs were extensively used.

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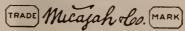
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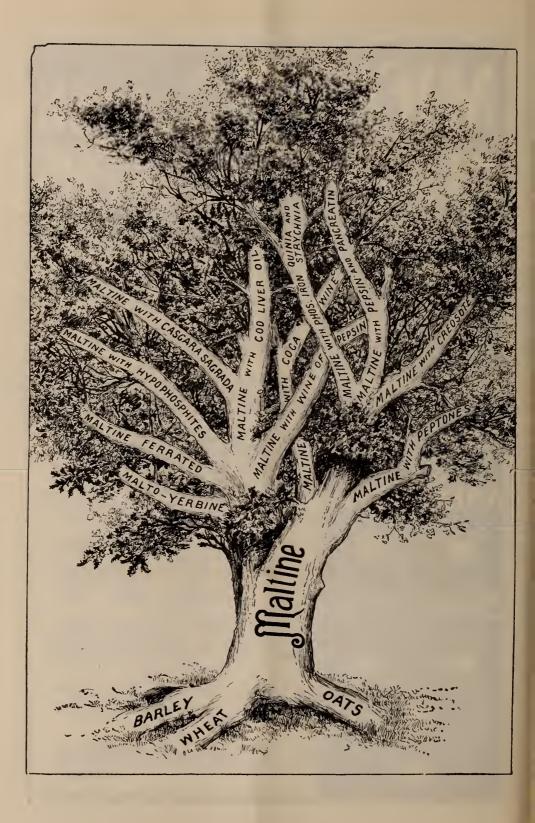
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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medica Association.

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FEBRUARY, 1901.

No. 2

## Vaginal Hysterectomy with Case Reports.\*

By C. W. Strobell, M. D., Rutland, Vt.

Practically, the operation of Vaginal Hysterectomy is more difficult of performance, than its progenitor, which enters the abdomen along the linea alba.

For this reason alone, the operation would long since have been relegated to the limbo of surgical fads—it being natural for workers to seek simplicity of technics.

In this instance, however, it has been demonstrated, that the more difficult is also the better way, in appropriate cases.

Vaginal hysterectomy has been on trial for a sufficient length of time. In its early career it encountered violent opposition in many gynaecological strongholds, chief among the objections, being, the alleged impracticability of rendering the birth-canal sufficiently sterile. This delusion has received its quietus.

It was said that the "danger of hemorrhage vastly outpointed the increased drainage facilities," we now know that hemorrhage is rare, when the operation is properly performed. The necessity of "working in the dark" on account of narrow-

<sup>\*</sup>Read before the 87th Annual Meeting Vt, State Med, Society.

ness of space—really the most formidable objection of all—was enlarged upon, and with good reason, but recent discoveries and additions to the technics has brushed aside this objection. The danger of pelvic hernia was insisted upon by others, but it has been found of very rare occurrence. It was said that "injury to the intestine could scarcely be avoided," but combined lithotomy and Trendelenburg posture, and a gauze pad placed between the field of operation and the intestine, affords not only perfect immunity from injury, but light as well.

Thus on all points the opponents of this method have been defeated.

Neither could they resist the logic of results. Surgical shock and nausea so usually prominent in supra-pubic coeliotomy were noted to be markedly lessened when the lower route was taken. Not alone was there no breach of the abdominal wall, necessitating the use of a supporter, for varying periods, but the predicted breach in the vaginal cicatrix failed to occur. Also intestinal obstruction, following vaginal hysterectomy, was found to be of exceedingly rare occurrence except when clamps, gauze drains and dams were used, which invite intestinal traumatism and sepsis.

Again, in Vaginal Hysterectomy, no mass ligatures were left permanently buried to occasion complicating sequelæ, as in the ventral operation.

Another valuable point: It is conceded by most authorities that the cause of intestinal paralysis after abdominal operations is handling of the intestines, their exposure to dry air, and thermal changes. In the vaginal operation, properly performed, this does not occur, or, only in a very limited degree. The intestines are not touched or handled, indeed scarcely seen, and there is, hence, the minimum of disturbance of the relations existing between different parts of the intestines, and the various mesenteric folds, thus minimizing

danger of tranma, with its resultant outpour of inflammatory exudates.

Vaginal Hysterectomy has its limits, which bounds should not recklessly be exceeded. Degenerated uterine masses reaching above the umbilicus should be attacked from above, or, by a combination of methods.

Malignant disease, involving the parametrium, urinary bladder or walls of the rectum should be left severely alone, or, attacked from above through a liberal opening, and by a painstaking dissection of involved lymphatic chains, as outlined by Deaver and others. Also, cysts, firmly embraced in the folds of the broad ligaments, would better be removed by the ventral incision. But conditions less serious, can be operated per vaginam. Vaginal Hysterectomy is performed by one of three recognized methods, or slight modifications of them, i. e., American, German and French. Of these the German method inaugurated and perfected by Czerny, Bilroth and Schröder, has for its distinctive feature, the serial ligation of the broad ligaments, draws the stumps by their attached ligature ends into the vaginal incision, and sutures the peritoneum, including the stumps, in such a manner as to leave these extraperitoneal, pending sloughing.

This method is more difficult, technically, than the clamp method.

The most surgical, and, taking middle ground, as regards ease of performance is the American or "Pratt" method, which undertakes to enucleate the uterus in various ways, by gradual dissection, placing ligatures only at bleeding points, as they appear, sometimes completing the operation without placing a single ligature, by use of galvano-cautery, angiotribe or the new electro-hæmostatic forceps of Downe's; in other instances relying upon careful blunt dissection and torsion wholly; and, finally, after any, or all, of these variations, in clean cases, closing the rent in the peritoneum and vaginal vault with continuous suture. The French or clamp method,

accredited to Pean and Richelot, applies from two to six hamostatic hysterectomy clamps to the broad ligaments, these being left in situ, after the operation, until the danger of hemorrhage is past—usually forty-eight to fifty hours—when they are removed. Unquestionably the clamp method is the most universally applicable, and safest in the hands of the majority of operators, as regards the immediate technics, but it is also the most unsurgical, as has been indicated in the foregoing.

In all these methods, the most important anatomical structure to avoid is the ureter, which, if wounded, or occluded, vastly complicates the operation, and menaces, most seriously, the life of the patient. To obviate this, ureteral sounds are sometimes passed, and left in situ, during the operation, to act as guides; but, ordinarily, this is not considered necessary, and, obviously, adds the danger of infection of the genito-urinary tract.

Accidental section, partial or complete, of a ureter, indicates implantation into the bladder, vagina, or rectum, or the immediate removal of the kidney. Accidental occlusion of the ureter is also an indication for nephrectomy, if, fortunately the condition is recognized in season.

In conclusion, a point of extremely practical importance is the view the patient takes of the proposed collictomy. We all know how very difficult it is for the patient to accept operation when she is informed that she must be "opened," meaning of course, the ventral incision. It is a terrible thought to her. But tell her that the work will be done from below, and it is not at all the same thing; it immediately becomes a simple matter, on a plane with perineorrhaphy or trachelorrhaphy, and the like.

In connection with this paper, I have two typical cases to report, illustrative of the operation, its difficulties, dangers, possible complications, and results: One, in a nullipara, being a carcinomatous uterus in the earliest recognizable stage, involving the fundus, and almost entirely devoid of appreciable enlargement or glandular infiltration; with contracted broad ligaments and vaginal canal.

The other, a border-line fibromatous uterus, in a multipara, reaching slightly above the umbilicus and containing within its walls six tumors, varying in size from an English walnut to a hen's egg.

#### CASE No. 1.

Mrs. K. M.; aged aged 48 years; married; never pregnant; Dysmenorrhæagduring entire menstrual life. Leucorrhæa for years. Pelvic troubles constantly since marriage. Climacteric began four years ago. Family history shows the father to have died of pulmonary tuberculosis, while the mother is still in good health at 80.

Symptoms: Cancerous cachexia; sacral neuralgia; iliac, streak; and, a sanious or thin bloody uterine discharge, almost continuously for the past year. Examination shows vaginal canal contracted; urethra and rectum normal; cervix hard and small; uterus retroverted, adherent; fundus somewhat enlarged, but hard, and sensitive to bimanual manipulation. Diagnosis of incipient carcinoma was made, and immediate operation advised.

After manual divulsion of the vaginal canal, and, sphincter ani, followed by curettage, total vaginal hysterectomy was done. Dense old adhesions bound the fundus firmly down in the sacral hollow. When I began the operation, it was with the idea of enucleating, but the the surgeon truly never knows what he may be obliged to do ere the close of the operation. Contraction of the broad ligaments had so drawn upon these structures, as to make it, in the last degree, difficult to drag down the organ and adnexia, within reach. Hemisection was therefore done, then closing the operation with clamps, with which I was enabled to reach more of the possibly infected tissue, and with much less risk of subsequent hemorrhage.

The lithotomy position combined with moderate Trendelenburg was maintained throughout the operation.

The intestine did not in the least occlude the peritoneal opening; no ligature was placed; the pelvic space lightly packed with gauze, and the clamps carefully hedged about with the same material, to guard against injury from pressure.

The subsequent history was not alone "uneventful," but "beautiful to contemplate," as well, if I may so express it. Scarcely any pain; only slight nausea for about eighteen hours after which the stomach tolerated nutrient fluids. The distressing thirst so prominent in abdominal work was almost absent. Scarcely any evidence of surgical shock, and by the evening of the day following that of the operation, it would have been difficult for a casual observer to believe that the patient had recently undergone so serious an operation. Eyes bright,—smiling, laughing, and even wauting to know how soon she might "go home". And she could easily have gone by the end of the first week but, for politic reasons I thought best to keep her confined for three weeks, simply for the good the rest would do her.

The hysterectomy clamps were removed at the end of forty-eight hours. Free oozing occurred, somewhat alarming, and fearing trouble preparations were made for such upon the operating table, but, by the time all was in readiness to proceed the flow ceased. The gauze packing or drain was removed, bit by bit daily, until, by the fifth day the last was taken. Bichloride vaginal irrigations were instituted on the third day, and these always followed with sterile water. The patient was dismissed at the end of the third week. Seen four months later she seemed to be perfectly well and in the best of spirits.

#### CASE No. 2.

Mrs. D., white; American; aged 48; multipara; ancestors free from malignant affections. Gives history of very fre-

quent and exhaustive hemorrhages, evidence of which is quite apparent in the anæmic, emaciated and generally debilitated aspect.

Upon physical examination in dorsal decubitus the lower segment of the abdomen was seen to protrude, as in the fifth month of gestation. Superiorly and laterally the abdominal walls form slightly sloping pouches.

The superior boundary of this protuberance is marked by the umbilicus. Upon palpation a firm dense body is felt, slightly nodular yet roughly symmetrical, somewhat elastic in the intervals between nodules; the mass being quite movable and free from tenderness. Percussion yields absolute flatness. Examination shows a very badly damaged perineum; relaxed vaginal walls and a deep cervical tear extending into the left parametrium. Bimanually palpation proved the mass to be the nodular uterus, with motion limited in all directions by its augmented bulk.

The urinary bladder was found to be the seat of chronic inflammation. No marked enlargement of the pelvic lymphatic glands could be detected. The adnexa could not be satisfactorily palpated. Depth of uterine cavity was seven inches. Motion of probe within cavity was extremely limited, its presence provoking hemorrhage.

Diagnosis of interstitial uterine fibroids was made, while the hemorrhages funished an imperative indication for operation.

Considering the age of the patient, preservation of any portion of the uterus or adnexa was not considered. Of routes, the choice fell upon the vaginal as being, in her case, the safest, all things considered, and, mainly, because the writer had a premonition amounting to a certainty, that, in this case, the supra pubic operation would prove fatal; as happened to him in a strikingly similar case, some two or three years ago. This decision was reached with due appreciation of the difficulties to be encountered in this typical border-line

case for vaginal hysterectomy, as no operator advocates removal of solid growths per vaginam, wherein the northern border reaches beyond the umbilicus.

After absolute rest in bed for one week, total vaginal hysterectomy was done, and, necessarily, by the clamp method. Beginning, the hand was first gradually forced into the vaginal tract then alternately clenched and relaxed, in all positions, until the canal was thoroughly patulous, being careful however, by taking time, to avoid traumatism. The sphincter ani was then divulsed. Next the uterus rapidly curetted and packed with gauze. Grasping both lips of the cervix with traction forceps, the cervix was next encircled with the scalpel, about a half inch above the plane of the os, and Doyen's half-inch lateral incisions made. The bladder was with very great difficulty, peeled from the anterior wall of the uterus; but not wholly without mishap, as a transverse tear occurred despite the utmost precaution, due, probably, to the attenuated, or, friable condition, combined with the difficulty of making effective traction upon a mass too large to pass through the inferior strait of the pelvis. As soon as the anterior peritoneal pouch was entered, the beak of a broad vaginal retractor was introduced under the pubic arch and into the peritoneal cavity, in a manner to hold the bladder well up out of harm's way. The post-peritoneal pouch proved less difficult of access. Capillary oozing was somewhat free.

Enucleation was proceeded with until the uterine arteries could be plainly felt in the bases of the broad ligaments. Hysterectomy clamps were then placed snugly against the uterus including in their grasp the lower segments of the broad ligaments thereby securing the uterine arteries. Section of the tissue between the forceps and the uterus up to the ends of the beaks, was next done. At this point it became absolutely impossible to drag the uterus down any farther.

Passing, now, one blade of two traction forceps into the cervix on each side and locking them, under lateral traction the

cervix was bisected, and the anterior wall of the uterus divided upward and outward on each side in the direction of either ilia, thus forming a wedge, the base being at the fundus, the apex pointing downward into the vagina.

Morcellation was now employed. Strong traction forceps brought the tissues within reach, in hand-over-hand fashion, always fixing one well above the other before the lower morcel was excised. When one half the wedge-shaped piece had been removed, a fibroid the size of a hen's egg was encountered. This resisted evulsion and was removed in sections.

The next fibroid was grasped and twisted out of its bed. At the fundus a small subperitoneal tumor was removed; sufficient space having now been gained, a second pair of clamps were placed, above the first, on either side, and again the intervening tissue was divided. Soon the fundus was anteverted and dragged down sufficiently to permit complete bisection of the posterior uterine wall. One half of the divided uterus was then thrust back into the pelvis, while the other was drawn down, bringing the adnexa into view, and within reach of the third set of clamps which were applied from above downward, and the section completed. The remaining half was similarly treated.

Hemorrhage was practically nil. A few silk interrupted sutures united the edges of the rent in the bladder, a retention catheter placed and the patient put to bed. The operation consumed ninety minutes. The tumor mass with its six fibroids weighed four pounds.

Shock was somewhat severe, but the patient rallied well. Nausea was quite troublesome for about four days, brown vomit appearing and stomach rejecting everything. Considerable pain until clamps were removed which was at the end of fifty hours. Bowels acted quite freely by the end of the third day, when all the symptoms were ameliorated.

Convalescence was retarded considerably by the bladder complication. Patient, however, made a good recovery. Two months later she reported herself well, except for some irritation about the bladder, and slight leakage of urine per vaginam, if the bladder was allowed to become greatly distended. This condition may require further operative interference.

That this case would have died had the shock been more severe—as would have been the case had the ventral operation been done, I have not the slightest doubt.

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Carbuncles.—Creel has relied on Ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flax-seed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this a topic application of Ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—Jour. Amer. Med. Ass'n.

#### Obituary.

DR. JO H. LINSLEY.

It is with unusual regret and sorrow that we have to announce the death of Dr. Linsley, February 17, at his home on South Union street. Dr. Linsley had been in poor health for



DR. JO H. LINSLEY.

some time and only a few weeks before his demise returned from a southern trip which he had taken in hopes of bettering his physical condition. But it was a forlorn hope and his return home was followed by rapid changes for the worse which ultimately resulted in his death.

Dr. Jo H. Linsley was 42 years of age, having been born in Windsor May 29, 1859, and was the son of D. C. and Patty Linsley and a grandson of Hon. Jo D. Hatch. He secured his earlier education in the public schools of the city and after reading medicine with Dr. A. P. Grinnell entered the medical department of the University of Vermont, from which he graduated in 1880. He was then associated with Dr. S. W. Thayer for about one year and continued to practice in this city until 1887, when his health failed and he was obliged to take needed rest, after which he was appointed instructor in clinical microscopy in the New York post-graduate medical school and hospital. One year later he was made director of the laboratories of histology, pathology and bacteriology. He was also pathologist to the New York post-graduate hospital and the New York infant asylum. In addition, he did the pathological work of the St. Luke's and the Presbyterian hospitals most of the summer of 1889. In 1890 he spent the summer in Berlin and took a course in bacteriology under Koch. He was also English secretary of the section for hygiene of the tenth international medical congress held in Berlin in August, 1890. In the fall of the same year he again went to Germany as representative for the New York post-graduate medical school and obtained some of Koch's lymph. Coming back to New York city he gave the first address on the lymph treatment for tuberculosis in New York in the Academy of Medicine before the Medical society of the county of New York.

Dr. Linsley was also interested in the lymph treatment at the Post-Graduate hospital; and his labors were so severe that his health again broke down, and he spent the next summer in the Adirondacks. Later he was made professor of pathology and bacteriology at the University of Vermont. He was chairman of the committee on admission and ethics of the New York Pathological society. He was a member of the New York Pathological society; of the County Medical society and New York County Medical association and of the

Vermont State Medical society. He was connected with the medical department of the University of Vermont for 13 years. He served as city physician in Burlington three years and as health officer for the same period.

It was in connection with the Vermont Laboratory of Hygiene that Dr. Linsley did the greater part of the work of the last three years of his life. His previous experience along this line of work had led him to appreciate the need of such an institution in the State and during the latter part of 1897 he interested the State Board of Health in the project, as a result of which it was decided to open a laboratory capable of doing a small amount of work as an experiment. The work at the beginning was limited to examination of cultures from suspected diphtheria cases and typhoid fever. A small amount of money was turned over to Dr. Linsley for the prosecution of the work and, believing it to be one which would ultimately be crowned with success as it has been, he not only gave his own time but took the necessary apparatus for use in the work from his private laboratory which contained a large amount of costly fittings secured while abroad and in New York. work was so successful that assistants were soon found necessary. The number of examinations made assured Dr. Linsley of the favorable light in which the laboratory had come before the people and in the summer of 1898 he devoted considerable time to a canvass of the State. As a result of this and his previous efforts, the legislature of that year passed an act creating a State bacteriological laboratory and authorized the State Board of Health to equip it for the examination of suspected water and milk supplies, food products, and cases of diphtheria, typhoid fever, tuberculosis, maiaria and other infectious and contagious diseases. The laboratory has proved one of the State's most useful institutions and is now a recognized department of the work of the State Board of Health. It was originated and brought to successful operation solely through the efforts of Dr. Linsley and had this been his only work of note, which it is not, he would have placed the people of the State under an obligation to him which they could not easily repay. The laboratory stands as a monument to his knowledge of the value of the work which it may be made to do for humanity, and the devotion which he gave to the branch of science for which it stands.

In addition to his other work, Dr. Linsley was a writer whose opinions were respected and his contributions read with interest in several of the leading medical periodicals. His translation of Fraenkel's "Grundriss der Bakterienkunde" was published by William Wood & Co. in 1891 and found a ready sale.

He leaves, in addition to his wife, who was Miss Nettie Ray, the daughter of Harmon A. Ray of this city, two children, Patty and Ray.

Dr. Linsley was an indefatigable worker, full of enthusiasm and capable of imparting it to others. He had an ardent love for the scientific side of his profession and a staunch faith in the ultimate triumph of science over quackery and ignorance. The medical profession has suffered a severe loss.

#### The State Laboratory of Hygiene.

The death of Dr. Linsley will be a severe blow to this institution, but as his health for several months had made it possible for him to exercise only a nominal directorship, the work and efficiency of the Laboratory will not be impaired to the extent that the public generally may believe. Dr. Linsley



DR. M. J. WILTSE.

was particularly fortunate in having capable assistants whom he could rely upon at all times. Therefore during his long illness the work of the Laboratory has gone on without interruption, the rapidly increasing demands of the institution being met with satisfaction to all interested in its welfare.

Dr. M. J. Wiltse, who has been the efficient chemist of the Laboratory since its inception, has been elected to the Directorship, to fill the vacancy caused by Dr. Linsley's death.

Dr. Wiltse was born in 1864. He was educated in the schools of his home town, Richfield Springs, N. Y.

In 1882 he began the study of chemistry in connection with his work in a drug store. The interest stimulated by his study led him to seek more advanced knowledge, and at the first opportunity he entered the Massachusetts College of Pharmacy and graduated from this institution in 1887. Following



MICROCOPE ROOM.

his graduation he became associated with Cutler Bros., prominent manufacturing chemists of Boston, remaining with this firm until 1893, when he resigned to accept a responsible position with John Wyeth and Brother of Philadelphia. He was very successful with the firm and made a host of friends and acquaintances. But his desire for more knowledge and a higher position was always present and he used his opportunities to gratify his ambition to this end. Accordingly in 1896 he entered the Medical Department of the University of Vermont and graduated with excellent standing in 1898.

During his college course he was connected with the chemical and pathological laboratories and had exceptional opportunities as assistant to Dr. Linsley, at that time Professor of Histology and Pathology. Almost immediately following Dr. Wiltse's graduation he was appointed chemist of the State Laboratory of Hygiene, which position he has filled ever since with marked success. The chemical work of the Laboratory has been one of its most important departments, the work in connection with water analyses for private parties as well as



DR. STONE FILLING CULTURE TUBES.

for public health authorities being particularly arduous, and requiring marked skill and care. In this line Dr. Wiltse has met every demand with honor and credit to himself and satisfaction to those who sought his services. As Chemist of the Laboratory, Dr. Wiltse has been frequently called upon by the Courts to give expert testimony, and he has won considerable reputation as a skillful expert witness. Dr. Wiltse was married a few months ago to Miss Mae Day, a graduate of the Mary Fletcher Hospital Training school for nurses.

The many friends whom Dr. Wiltse has made throughout Vermont will learn of his new promotion with much gratification. We predict marked success for him in his new position and know that he will fill it with credit and honor.

Dr. Bingham H. Stone has been Bacteriologist of the Laboratory for nearly two years. Dr. Stone graduated from the Academic Department of the University of Vermont in 1897 and from the Medical Department in 1899. During his college



A PORTION OF CHEMICAL LABORATORY.

course Dr. Stone gave especial attention to bacteriology, studying with Dr. Linsley. On his graduation Dr. Linsley, knowing his special equipment, was instrumental in having him appointed the Laboratory Bacteriologist, and he has since filled the position with marked ability.

Dr. Stone was married in 1899 to Miss Jean Nichols, a graduate of the Mary Fletcher Hospital Training School for nurses.

A recent article in the Medical Record on "The Significance of the Bacilli Coli Communis in Drinking Water" attract-

ed considerable attention to Dr. Stone as a young man giving unusual promise in the field of experimental medicine.

Dr. Wiltse's appointment as Director has necessitated another man for the special work of water analyses, and as a result C. P. Moat, a graduate of the Massachusetts Institute of Technology has been secured. Mr. Moat is a very capable young man with every qualification for this line of work.

In every way, the Laboratory is equipped to carry on the highly important work required of such an institution, and during the next few years the people of Vermont will congratulate themselves on their foresight and judgment in establishing and maintaining the Vermont State Laboratory of Hygiene. Dr. Linsley deserves all credit for developing the plan of the institution, but the State Board of Health should receive their share of honor for making the Laboratory possible and guiding it wisely and well, until to-day it stands an excellent example of a solid and eminently useful Vermont institution.

Arterio Schlerosis.—Degeneration of blood vessels. I believe that something can be done to prevent the rapid progression of this degeneration. The atheromatous degeneration of blood vessels I believe can be diminished in rapidity of progress by the line of treatment proposed by Professor Bartholow, which consists in the internal administration of alkalies and alteratives, the carbonate of ammonium and the iodide of ammonium. They increase the alkalinity of the blood and promote elimination. Along with these may be given malt and the hypophosphites. You must impress upon the patient the importance of keeping himself free from excitement; he must not indulge in alcoholics and the luxuries of the table. He must lead a very quiet and peaceful life, avoiding all causes that tend to increase the blood pressure of the brain. By so doing, something can be done towards preventing the recurrence of hemorrhage in these cases as well as in others where there is such a marked degeneration of blood vessels.—The Clinical Review.

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A Journal of Review, Reform and Progress in the Medical Sciences.

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#### EDITORIAL

#### The Medical Treatment of Appendicitis.

That appendicitis was a disease belonging exclusively to the domain of surgery has been the general consensus of the medical profession since the thorough discussion Fitz drew to the subject Few medical men in the face of such universal belief have had the temerity to even consider the possibility of medication in this disease until a few years ago. But gradually the pendulum of professional opinion is swinging back and in the school of practical experience, medical men are beginning to realize that the cases of acute appendicitis which call for immediate and imperative operation are decidedly rare. And even in those rare cases in which an abcess is formed discretion is limiting operative procedure to simple incision through the abdominal

wall, thus giving ample provision for evacuation and drainage of purulent material.

It is common knowledge that simple appendicitis owes its symptoms to the degree of peritonitis produced. The degree of congestion and the attending inflammatory changes are simply evidences of a reparative process, and to cut into the peritoneum in that condition and sever the capillaries, even though infection has not been a factor up to that time, assuredly means an additional amount of work for the reparative forces, to say nothing of increasing the chances of infection. What so many operators have overlooked is the fact that the patient suffering from appendicitis is also suffering from shock varying in degree with the extent of the peritonitis. Operation, with its added injury to the peritoneum, cannot mean anything therefore but an addition to this danger of shock and an increased tax on the patient's recuperative forces.

In the light of results obtained from all forms of treatment, medication with the salines and intestinal antiseptics seems to offer the greater percentage of recoveries from appendicitis. By the depleting effect of the salines the circulation of the peritoneum is regulated, and the proper supply of pabulum to the tissues of the appendix is permitted by stimulating the efferent vessels and thus relieving the engorgement and stasis of the afferent. The intestinal antiseptics, in the form of sulphocarbolates, reduce the danger of infection and prevent fermentative and putrefactive processes in the intestinal tract, which in themselves depress the vascular circulation of the intestines.

After the inflammatory symptoms have subsided removal of the appendix is permissible as a prophylactic measure. But careful attention to the diet, the occasional use of salines and the intestinal antiseptics, and the correction of litheum tendencies will often be found quite effective in preventing future attacks of this distressing and dangerous disease.

#### Medical Sharks.

It is interesting to observe the shark like propensities of a great many members of the medical profession. This tendency on the part of a certain class of medical men to hustle and seek after every position of profit or honor, whether vacant or not, is no more common to physicians than other classes of men. But it looks worse in view of the high ethical ideas which the medical profession have always ascribed to themselves.

A physician who will quite correctly hold up his hands in holy horror at the thought of taking a colleague's patient, will not hesitate at anything to get that same colleague's position in the Hospital or medical service of the State. Personal equipment does not enter in to his calculations, and that he wants the job is the only consideration that regulates his efforts.

The recent death of Dr. Linsley has been followed by some characteristic shark like operations, and the profession have been edified by the strennons efforts of certain seekers after the position of Director of the State Laboratory of Hygiene. The State is fortunate in having a Board of Health who consider the needs and success of the Laboratory of greater importance than the importunities of these gentlemen who are so anxious to sacrifice themselves for the good of the State.

The Laboratory it doing its work very satisfactorily with Dr. Wiltse at its head, and we know that his qualifications for the duties of the position are decidedly superior to those who seek to usurp him.

# MEDICAL ABSTRACTS.

A Reliable Antidote.—An item relative to carbolic acid poisoning in a late issue of one of the drug journals recalls an incident related by a friend of mine, wherein is suggested for carbolic acid poisonings, whether internal or external, an antidote which is almost always available.

A woman with suicidal intent swallowed a considerable quantity of carbolic acid. To render the dose as palatable as possible, however, she either mixed it with whiskey or used the latter as a "chaser." Medical aid was summoned shortly after the dose was taken, but vomiting took place before the arrival of the physician, who therefore had but little to do to render his patient comfortable. It was found that although a large quantity of the acid had been swallowed, the whiskey had so neutralized its effect that there was no eschar in the mouth or throat.

Experiment in a small way verified the fact that alcohol would neutralize the feffect of the acid on the skin; for after applying pure acid to the wrist and permitting it to remain until quite painful, and its escharotic effect very manifest, alcohol was applied with the result of leaving only a slight stain. Nor was the treated part painful or more sensitive than the surrounding cuticle.

Further experiment is of course necessary to establish whether it will prove a reliable antidote in all cases where poisonous doses of the acid have been administered. The antidote (alcohol in any form), because so readily obtainable, is doubly valuable, by Freason of the promptness with which it can be given.

Perhaps some other correspondent can furnish facts to corroborate the value of alcohol in this direction—ROBERT H. REVELL Bulletin of Pharmacy.

Puerperal Convulsions.—Subcutaneous or rectal injections of normal salt solution will save life. A hot salt solution thrown into the transverse colon had the most instantaneous effect on a convulsed patient I ever saw. She had been in convulsions for four hours, and after using the hot salt water (one-half gallon), her kidneys acted, she began to sweat profusely, relaxation was complete, the strain taken off the nerve centers, and the lady was restored to her family, and today is a happy wife and mother.—Dr. John F. Watson in Medical Council.

Reduction of Strangulated Hernia by Compress Soaked in Ether, -At a recent meeting of the Paris Academie de Medecine, M. Fiessenger made a communication on the prolonged application of compress of ether in strangulated hernia. He found that the majority of cases of strangulated hernia, formerly calling for operative interference, In January, 1900, M. Fiessinger yield to this simple means. published the history of a case of crural hernia, strangulated for forty-four hours, and reduced by compresses soaked in ether applied during three-quarters of an hour. The hernia disappeared of itself, after three attempts at taxis had failed, although the patient was much exhausted by fecal vomiting during the previous twenty-four hours. He has since received several letters from other practitioners relating to the history of similar cases with repeated success. After a lapse of time varying from a quarter of an hour to two hours the herniacrural, inguinal, or umbilical—disappeared of itself, or after a slight or insignificant pressure by the surgeon. The ether is allowed to fall, drop by drop, on a compress, such as a handkerchief or piece of gauze, which is thus always damp. The quantity of ether used in one case amounted to 250 grammes. The method was almost marvelous in its results, most painless in application, and of great service to the country doctor. During the first thirty-six hours there was every chance of success; after this period it would be better not to attempt this method, owing to the risk of returning a gangrenous loop into the abdomen. He thought that the ether acted reflexly, causing a great vasoconstriction. The loop of intestine was no longer congested, and re-entered the abdomen as easily as it slipped out. Ether is more practical than ice, being more easily obtained and possessing greater power.—The Medical Age.

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Bromides in Epilepsy.—K. Pierce Clark, in the Medical Record for January 12th, says that by a combination of diet, regular occupation, and personal hygiene, the bromides give the best results in treating idiopathic epilepsy.

The bromides singly or combined, still remain our chief sedative for the epileptic state—in the young epileptic, to secure a possible entire suppression of attacks and ultimate cure of the disease; in the adult, an amelioration of frequent paroxysms and comparative physical and mental comfort.

The bromides to be effective in chronic and long-standing cases must be given in large daily doses to suppress convulsions, from gr. ccc.-cd. if necessary. They should be given gradually to find the sedative level, at which level it is the physician's principal duty to maintain them with physical and mental comfort to his patient.

Hot and cold baths, high enemas, alimentary antiseptsis, and massage are absolutely essential to successful bromide medication.

Bromine is a worthy substitute for the bromides in many cases in which the latter are contraindicated or cannot be given in high dosage.

Salt starvation or semi-salt starvation is a great adjuvant to the bromide treatment, and should be thoroughly tried in all cases in which bromides or bromine are apparently contraindicated before they are discarded.—Charlotte Med. Jour.



Obstetric Clinic. By Denslow Lewis, Ph. C., M. D., Professor of Gynecology in the Chicago Policlinic; President of the Attending Staff of Cook County Hospital, Chicago; President of the Chicago Medical Examiners' Association; Vice President of the Illinois State Medical Society; Ex-President of the Physicians' Club of Chicago; Consulting Obstetrician to the Florence Nightingale Home; Senior Gynecologist and Obstetrician to the Lakeside Hospital, Chicago; Late Special Commissioner from the Illinois State Board of Health and the Health Department of Chicago for the Investigation of Municipal Sanitation in European Cities.

A series of thirty-nine clinical lectures on practical obstetrics delivered to students and practitioners in Cook County Hospital, Chicago. Together with remarks on criminal abortion, infanticide, illegitimacy, the restriction of venereal diseases, the regulation of prostitution and other medico-sociologic topics. Octavo, 640 pages. Price \$3.00. E. H. Colegrove, 65 Randolph Street, Chicago.

Since 1887 Dr. Lewis has been giving his renowned clinical courses at the Cook County Hospital in Chicago. Many of the leading practitioners in the country have attended these courses and it is out of deference to their wishes that Dr. Lewis has at last published in book form the stenographic reports of his lectures. No attempt has been made on the part of the author to write a complete text book on obstetrics. But his intention to present a book on clinical obstetrics is well achieved and the result, based as it is on a vast amount of material, is most practical and instructive to the practitioner as well as students of medicine.

We have much admiration for Dr. Lewis' teaching. It is eminently modern and above all simple and comprehensive. His language is clear cut and impressive and no important details are slighted.

The book makes a most valuable addition to obstetrical teaching and should be a companion work to all of the standard text books on the subject. Its practical utility should commend it to every student of medicine.

Practical Uranalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons and Students. By Charles W. Purdy, LL. D., M. D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptonis, and Treatment." Fifth Revised and Enlarged Edition. With numerous Illustrations, including Photoengravings, Colored Plates, and tables for estimating total solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of Proteids, Sugar, etc., etc., in Urine. 6 x 9 inches. Pages xvi-406. Extra Cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Ever since the first appearance of this work it has been the classic on the subject of urinalysis. No more thorough and comprehensive manual on the urine has ever been published and the position it holds in the medical colleges of our country speaks highly of the estimation in which it is held by the profession.

It is essentially a working manual and equally useful in the laboratory or in general practice. It will be found a responsible book for reference, authoritative in every particular and thoroughly up to the scientific teaching of the day. 'Purdy's Uranalysis should be in every medical library.

Dr. Purdy has passed across the "Great Divide," but his researches on urinary analysis and diagnosis, embodied in the fifth edition of his admirable book, will remain a monument to his labors for many a day. The publishers have sent the volume out in most excellent form.

# PUBLISHER'S DEPARTMENT.

Glyco-Heroin (Smith) Compared with Codeine and Morphine.—Aside from the after-effects of Morphine, such as nausea, general lassitude, vomiting and vertigo, it has the disadvantage that the patient becomes readily addicted to it and chronic morphinomania occurs, especially in neurotic persons.

Codeine in its physiologic action resembles narcotine, though the narcotic stage is not so much pronounced. When administered in small doses intestinal peristalsis is promoted, while in large doses it produces diarrhoea in consequence of complete relaxation of the intestinal muscles, owing to paralysis of the nerve centers governing the intestines.

The sedative action of Codeine is unreliable.

Expectoration is not promoted by Morphine or Codeine, while Glyco-Heroin (Smith) acts as a stimulant to the respiratory center and stagnation of the secretions is excluded.

Ten times as much Heroin as Codeine is required to produce toxic effects.

Furthermore, ten times more by weight of Codeine than Heroin is required to produce the desired slowing of respiration.

Comparative doses of Glyco-Heroin (Smith) and Codeine show the latter to produce nausea, vomiting and vertigo, while these symptoms are absent during the administration of Glyco-Heroin (Smith).

Unlike Morphine preparations Glyco-Heroin (Smith) does not constipate.

Dosc.—The adult dose of Glyco-Heroin (Smith) is at all times one teaspoonful, which is repeated every two hours or at longer intervals as the case may require. To children of ten or

more years, give from a quarter to half a teaspoonful. To children of three or more years, give five to ten drops.

Notes.—Glyco-Heroin (Smith) is a dark amber liquid, perfectly clear, and has the density of C. P. Glycerine. Its odor and flavor is peculiarly aromatic and agreeable. Its taste is aromatic sweet with just a shade of bitter. The size of package supplied to the druggist for dispensing purposes is sixteen onnces. The quantity ordinarily prescribed by the physician is three or four ounces.

A String of Troubles.—There is no one part of the body more afflicted with so many unnatural conditions as the female tract and no one remedy with as wide a range of usefulness in these diseases as Micajah's Medicated Uterine Wafers. Bear this in mind when the next case presents itself. Success always attends the use of the original (Micajah's) Wafer. The same cannot be said of substitutes.

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Clinical Notes and Comments. Dr. T. D. Crothers, Editor, Quarterly Journal of Inebriety, in the January 1901, number, writes: "Antikamnia has become one of the standard remedies, particularly in Influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild carthartic, called 'Laxative Antikamnia & Quinine Tablets.' All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet the pain following the withdrawal of morphia. We have received from this company many complimentary notices showing the vast influence it has secured among the regular practitioners. The object

of the antikamnia in 'Laxative Antikamnia & Quinine Tablets besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone."

Convalescence after Grippe. Don't forget the wonderful and unique tonic properties of Fellows' Hypophosphites in relieving the distressing languor and prostration following LaGrippe. It is the peer in its class of tonics.

The Coughs of Childhood. In the therapeutics of childhood no remedy fills a more important place than the old familiar Scott's Emulsion of Cod Liver Oil. To relieve and cure the cough "that hangs on" it has no equal. Countless children owe their lives and health to the judicious use of this splendid time tried remedy.



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Diuretic, effects marked and prolonged. Dose 10-15 drops. Highly efficient in cardiac asthma.

#### BISOL

Preferable to the older bismuth salts in all gastro-enteric disorders. Soluble in water. Dose 37½ grains,

#### KRYOFINE

Anodyne, antipyretic, hypnotic. Prompt, safe, sure and pleasant. Dose 4-71/2 grains.

#### SOSON

Pure, unaltered, dry meat albumen. All the meat digestible, palatable, cheap.

#### Menthoxol Camphoroxol

More powerful and permanent antiseptics than hydrogen peroxide uncombined. Harmless, non-irritant, healing. Sample (1/4 lb.) sent to physicians on receipt of 25 cents.

#### Aqua Fluoroformii

Watery solution of the gas C H F 13. Highly commended in phthis and local tubercular lesions (lupus). One pound sample sent to physicians on receipt of one dollar.

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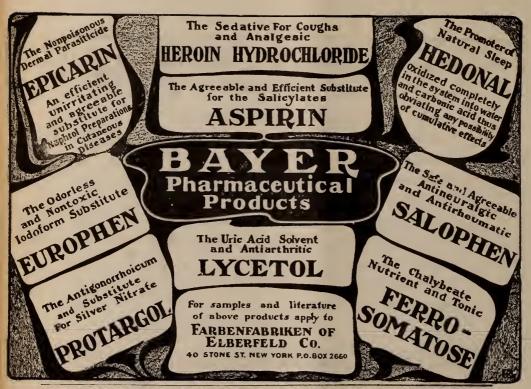
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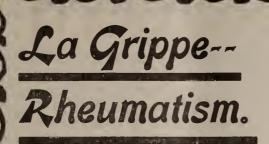
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Vol. VII.

March, 1901.

No. 3.

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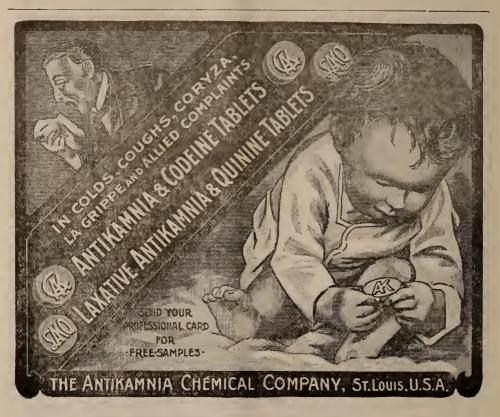
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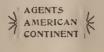
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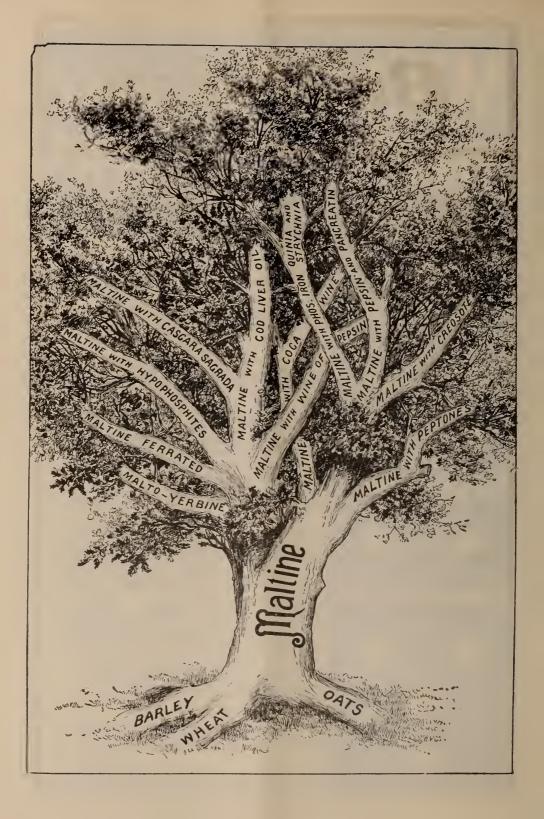
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### The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medical Association.

Vol. VII.

MARCH, 1901.

No. 3

### Abdominal Palpation in Obstetrics.\*

By Dr. Frederick E. Clark, Burlington, Vt.

I have chosen this division of obstetrical examination, as I believe it is the one most often neglected entirely, or if made, is so superficially and rudely conducted, that it gives but little information of existing conditions. On the other hand, if it is performed with proper caution, exactness, and a strict observance of a certain order in the examination, it can only result in much good. In fact I would place it as the most important division of an obstetrical examination. By it the greatest amount of information of considerable value is afforded with the least possible danger and inconvenience to the patient. I must add, however, that it is only by constant and untiring practice that the requisite skill and precision can be acquired.

An obstetrical examination naturally divides itself into three main divisions.

First:—Is the oral examination which gives us information of previous pregnancies or labors; their character, duration and

<sup>\*</sup>Read at the 87th annual meeting of the Vermont State Medical Society.

complication. The history of the present pregnancy together with the name, age, family history and such other information as we desire to obtain at this time.

Second:—Is the *External Examination*, accomplished by means of inspection, auscultation and palpation.

Third:—Is the Internal or Vaginal examination.

It will be observed that our subject for consideration is a port of the second division or external examination. As it is so closely allied to inspection I shall call your attention to that part of the examination on the manikin.

A few general rules that apply to all obstetical examinations are to be observed in this division.

- 1. The bladder and rectum must be emptied.
- 2. Ascertain at the first examination whatever is necessary to be known.
- 3. A certain order in the examination should always be followed, so that nothing may be omitted or forgotten.
- 4. Modesty is always to be protected as much as possible. No unnecessary exposure should be made and the examining physician should observe silence as to the result of the examination.
- 5. Train the left hand as well as the right to make examinations.
- 6. The hands of the obstetrician should always be soft, warm, and in these days of antiseptics, I need not accentuate the necessity of their being clean, that is in an aseptic condition.

The object of abdominal palpation is to recognize the size, shape, and consistency of the uterine tumor, to distinguish it from other intro-abdominal growths; to ascertain in advanced pregnancy the position and presentation of the fetus. In a very large number of cases palpation alone serves to establish the existence of pregnancy, for by it we are enabled to obtain three of the most positive signs, which are ballottement, quickening and intermittent contraction of the uterus.

Certain conditions must be present before this method of exploration becomes available.

- 1. The fundus uteri must have risen above the symphysispubi, which occurs usually after the third month of pregnancy.
- 2. There must not be a super-abundance of fat in the abdominal wall.
- 3. There should be only a normal quantity of amniotic fluid. Any great excess would defeat the objects of the examnation.
- 4. There must be complete relaxation, or nearly so, of the abdominal walls as well as that of the uterine muscle.
- 5. The manipulation must be made, in advanced pregnancy, during the intervals of uterine contraction, and at full term, during the periods of rest between the pains.

The examination is always to be made with the woman in a reclining position. The examining-bed should be simple, with a hard mattress, and conveniently approached from all sides. The patient should be directed to flex the legs slightly on the abdomen, with knees well separated and the heels together. The dress should be loosened and drawn downward and the shirt upwards. As I stated before, here palpation is preceded by inspection. The presence of a pointed or pendulous belly would lead us to suspect that we had a contracted pelvis, especially so if in a primipara with a marked broadening and figure-of-eight shape of the uterus. The transverse position or marked lateral obliquities of the uterus are often very noticeable in many cases, and can be determined by inspection alone.

After inspecting the abdomen it should be covered by a thin sheet. Then we proceed to palpate the abdomen by following the four well tested manipulations, and in the order given. In all four of these manipulations both hands are employed at the same time, and the entire surface of the palm is utilized. Should it be necessary to exert a uniform, gentle,

but rather strong pressure upon the abdomen, the fingers should be held together; but if only a light pressure is necessary and we wish to grasp individual parts, then the fingers are separated as far as possible.

The first three manipulations are made while the examiner is seated at the side of the patient to be examined and facing her head. If more convenient for the examiner he may stand, but he should face the woman's head in either case.

### FIRST MANIPULATION.

The hands approach each other at the finger tips, then the palms of the hands are laid across the abdomen of the woman. After that they are made to slide gently and uniformly upwards over the entire pregnant uterus as far as the fundus, and at the same time defining its position in relation to the navel and ensiform cartilage.

What does this first manipulation determine? I determine whether the longitudinal axis of the fœtus is coincident with that of the uterus, or if it occupies the transverse diameter of that organ, or assumes a position intermediate between. The first is normal; the latter are abnormal. It also determines whether the head or breech lies in the fundus, the size of the child, and how far the pregnancy has advanced.

### SECOND MANIPULATION,

Both hands, which are now extended, are moved from the ensiform cartilage to the sides of the abdomen and are laid flat one on each side of the uterus. One hand will feel a long, large cylinder which, given a firm, broad, even resistance, and this corresponds to the back of the fœtus. To confirm this fact, the small parts or extremities are felt for by a rubbing motion with the other outstretched hand on the opposite side. They are felt as irregular bodies, slipping away from the hand, and changing their position from time to time.

If in this manipulation one 'finds much difficulty in locating the back of the fœtus, it can be greatly facilitated by placing one hand flat on the median line of the abdomen and pressing the uterus gently backward. By this manoeuver the liquor amnii is forced towards one side, and the child's back towards the other, nearer to the abdominal walls, where it can then be felt very easily with the other hand. Having located the back and the extremities, the portion of the fetal ellipse presenting at the superior strait is next ascertained.

### THIRD MANIPULATION.

The right or left hand, with outstretched fingers, seize the presenting part of the child just above the pelvic inlet, between the thumb and the tip of the middle finger. In order to seize a head that has already engaged in the pelvic inlet in primiparæ, it should be sought in the direction of the pelvic cavity with the tips of the thumb and middle finger. In multiparae the hand and finger tips are held more horizontally in order to seize the head which now stands higher in the uterus as it does not engage in the pelvic inlet until labor actually begins. This manipulation is greatly facilitated in multiparae, by pressing against the presenting part, by placing the other hand on the fundus of the uterus. If the presenting part is hard and round, it is the head and it can be moved about easily. The breech is much softer and more uneven. The breech very rarely if ever engages in the superior strait until labor has actually begun.

If the presenting head or breech is felt to be uncommonly covered, indistinct, and softer than usual, the suspicion is justified that the placenta lies in the lower uterine segment. (Spencer.) (Leopold.) If no presenting part can be detected at the superior strait, the head should be sought for in the sides of the uterus.

The third manipulation is of great value in all cases where the presenting part, head or breech, remains either in or above the pelvis inlet. If, however, as often occurs, in primiparae during the last few weeks of pregnancy or in the course of labor, the presenting part is found already in the cavity or outlet of the pelvis, then the fourth manipulation is of importance.

### FOURTH MANIPULATION.

For this manipulation the examiner stands at the side and facing the feet of the woman with his back towards her face. The patient is directed to take a long full inspiration following with a long expiration with the mouth open. This will relax the abdomen much more completely. The finger tips of both hands now enter slowly and gently from above along the sides of the pelvis into its cavity. Then, if the head is low, one will feel that hard round part of the child occupying the pelvis, with the more prominent forehead on one side from the less prominent nape of the neck on the opposite side.

These four manipulations may be combined in many ways with great advantage, to meet the demand in special cases.

My plea this afternoon is for a more careful and painstaking external examination. All internal examinations should be avoided as long as the external examinations of the mother and child reveal a normal condition and labor proceeding naturally. The mere presence of pain at the beginning of labor does not demand an internal examination, if labor is progressing properly. In fact any unnecessary vaginal examination can not be too strongly condemned. I believe it is almost criminal to try to assist in the early stage of dilatation by attempting to stretch the cervix with the finger. The bag of water which should always be carefully preserved is liable to be prematurely ruptured. It not only subjects the woman to infection, but also stimulates too strong pains during the first stage which should always be forbidden, for if the os is not completely dilated the lower uterine segment is forced down into the small pelvis and the walls of the uterus at that point incarcerated between the head and bony pelvis, thus causing swelling and inflammation of the margins of the os and increasing the possibilities of an extensive cervical laceration if not a uterine rupture. I trust there is no physician here this afternoon who will deceive himself by persuading his patients and their friends that he can safely and properly hasten the progress of labor by making frequent vaginal examinations, working about the cervix, stretching and lubricating it, and finally rupturing the bag of water in order to increase or excite uterine contraction.

I would not have you think that I would discard the vaginal examination altogether, for it has its important place, but I do believe that it is too often resorted to when an external exploration would give all the information obtained by the internal examination together with a great deal more and not subject our patient to the possibilities of infection.

### A FEW GENERAL PRECAUTIONS.

- 1. The hands of the obstetrician are his most valuable instruments. Let him see to it that he places the highest value upon their careful attention.
- 2. That infection is almost invariably transmitted by the examining finger, but it may be occasioned by unclean instruments, bedding, clothing and the like.
- 3. Pregnant, parturient, and puerperal women can be very speedily infected by a single examination.
- 4. Infective material is found everywhere, and in no internal examination is the danger of infection absent. None of us should be over-confident, but on the other hand always conforming to the minutest detail of antiseptics.
- 5. Internal examination should be as infrequent as possible during pregnancy and labor. Resorting to it only where external examination does not afford sufficient information.
- 6. External examination should be performed as often as possible in order to watch the progress of labor and to correct

by external manipulation or version any abnormal position or presentation, thereby making delivery possible and insuring to your patient the least amount of suffering and exhaustion.

I have purposely omitted in this paper the finer points of diagnosis and differential diagnosis, that I might bring out some regular system or method to be followed in making an external examination and to accentuate its value and great advantage over the too frequently and I might say in many cases, the only examinations made per vaginam.

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The Three Symptoms of Rickets. — Berkeley calls attention to the haziness of the conception of rickets by many of the profession, and notices its most constant and striking symptoms. The first of these is the costal rosary or nodes, which are sometimes missed by the examiner because they are farther back from the medial sternal line than in the adult, occasionally there being only an angle instead of a node. The typical rickety cranium is most noteworthy in the prominence of the pareital bones, which gives its characteristic box-like shape. The anterior sontanelle remains open late, often being greater at two or two and a half years than it should be at its greatest normal size. The sutures may be more or less separated and the bones thinned or softened. The latter condition—craniotabes—sometimes occurs with normal shaped heads. The shape and size of the liver and spleen should always be investigated, as the chronic intestinal indigestion of rickety infants furnishes toxic matter enough to cause swelling of these organs; and to this must be added the influence of the secondary anemia of the disorder. The enlargement is sometimes astonishing and causes many adventurous essays in diagnosis. Why one or the other should exceed in this respect is not clear, but the spleen is most apt to reach remarkable size. - Jour. A. M. A.

### Coughs: Their Suppression and Cure.

By Dr. Louis D. Lorne of New York City.

The treatment of coughs in general has always been varied and unsatisfactory. In the science of medicine there has ever been the difficulty to find a good remedy to relieve pain and distress in many phases of chest troubles, and particularly in coughs of bronchitis, pneumonia and phthisis.

With all of the numerous remedies of the materia medica, though each has had some particular value, there has always been the disadvantage of some unpleasant therapeutic effect following their use.

Stomach disturbances, constipation, stagnation of the secretions, increased temperature, diminished expectoration, excessive narcotic effect, the danger of habituation, etc., etc., are some of the complications experienced, and more especially are these conditions to be expected after the administration of codeine or morphine.

Furthermore, even admitting the value of codeine or morphine (with their undesirable after-effects) in certain cases, how often do they utterly fail to mitigate the coughs of phthisis pulmonalis, which would not cause the disagreeable stagnation of secretory products of the lungs, that would not weaken the respiratory apparatus nor have any deleterious effect on the heart.

Surely the profession has long felt the need of something to replace the various opiates for the suppression and cure of coughs, something that should be superior, more reliable and safer. A remedy that would not only be efficient, but safe for the treatment of the sympathetic cough of pregnancy. A remedy that can be used where heart complications occur. A remedy that will promptly check incessant, hacking cough, and paroxysmal coughs, which rob the patients of rest and sleep.

Doubtless a remedy proving unusually meritorious in treating these various forms of coughs, and one which would be free from the unpleasant characteristics of morphine and codeine, will be of much interest to my colleagues and of much importance to the profession of medicine. With this fact in view I have concluded to submit the notes of a few cases to show the exceptional good results obtained with a product recently introduced to the physician for his consideration.

I, like most physicians, look with the greatest skepticism on the ever-appearing articles on new remedies, and would not now have the opportunity to express my present satisfaction, if I had not been repeatedly urged by some of my confreres to try this new preparation in a few cases that were then giving me the greatest trouble.

The complete clinical reports of Prof. Morris Manges, of the Mt. Sinai Hospital of New York, Dr. W. Freudenthal of New York, Dr. B. Turnauer (Weiner Medizinische Presse, No. 12, 1899), Dr. A. E. Beketoff (Klinische Therapeutische Wochenschrift, No. 14, 1809), following their investigation with heroin, I find to coincide with the results I have experienced with glyco-heroin (Smith), but I would here impress upon those interested that my entire investigations were made with glyco-heroin (Smith) only, excepting the few instances where I tried tablet triturates, and found them decidedly unsatisfactory.

Without doubt the merit of this preparation is to be attributed to its excellent composition, viz.: heroin, one-sixteenth grain; ammon. hypophosphite, three grains; hyoscya mus, one grain; white pine bark, three and one-half grains; balsam tolu, one-quarter grain, and glycerine sufficient to make one dram, wherein the therapeutic properties, if the drugs are properly compounded, and which is evidenced in this preparation, will be acknowledged desirable by every physician. Here I would point out the special advantage that this preparation possesses over heroin in any other form, viz.: the unnecessary

administration of other remedies, while your patient is being treated with glyco-heroin (Smith), wherein you not only get the palliative effect of heroin, but have an admirable combination of remedies to bring about absolute cure in most cases. On account of the absence of syrup, instead of which glycerine, with its solvent and medicinal qualities, is used, there is not experienced the usual derangement of the stomach following the administration of preparations containing sugar or syrup.

The addition of ammonia hypophosphite also appealed to me, for its superiority as an expectorant over other like remedies is an established fact and must add much to its therapeutic value.

From the white pine bark contained therein, the astrin dency of which is, no doubt, modified, through the soothing effect of glycerine, I found a very beneficial effect on the mucous membranes, thereby proving this also a valuable and desirable addition.

If, with our knowledge of the superiority of heroin as a sedative, we closely scrutinize the formula of this preparation, we should not fail to observe the efficiency of this combination, the therapeutic value of which has been proved by careful physiological experiments in the laboratory with accurate observation on its therapeutic action before being introduced to the medical profession, whose demands upon a new remedy, before permitting its admission to a permanent place in the materia medica, are at the present time much more exacting than in the days of empirical pharmacy.

Believing that the individual results observed in a vast number of cases following the clinical investigation of a remedy to be superfluous, I shall here give the records in only a few of the cases in which I have tested glyco-heroin (Smith), and which are as follows:

1.—George N.; a case of pulmonary tuberculosis. The patient, who had been unable to sleep except in a sitting posi-

tion, suffered from a violent cough, with a great deal of expectoration and dyspnea. Respiration, 32; temperature in the afternoon, 103; pulse, 120. The paroxysms of coughing were very violent, one following another in rapid succession. He had been given codeine and morphine, but the cough and other symptoms persisted. Finally he was given a teaspoonful of glyco-heroin (Smith) (containing one-sixteenth grain of heroin) every three hours. That night, he was able to lie down and sleep, only coughing twice during the night. After taking a teaspoonful every three or four hours for one week, his respirations were reduced to 26, temperature  $101\frac{1}{2}$ ° in afternoon, pulse 98. He said he had not coughed more than a dozen times during the entire week, his night-sweats had been very much diminished, appetite improved.

2.—Mrs. S.; has been confined to her bed with a severe case of la grippe for two weeks. On recovering she suffered with a persisting and harrassing cough. Various narcotics and expectorants were administered, but afforded no relief. One teaspoonful of glyco-heroin (Smith) was given every two hours. She obtained relief after taking the first dose. The next day she took one teaspoonful three times a day. At the end of the fourth day the cough had left her. The only unpleasant effect

was she complained of being drowsy the first day.

3.—Joseph S., sixty years old. Had suffered since 1895 from chronic bronchitis. Had a violent cough, could not sleep nights. There was no emphysema in this case. He was placed on the following treatment: Potasium iodide, five grains three times daily, and glyco heroin (Smith), one teaspoonful every three hours, the first week. After that the glyco-heroin (Smith) only was given three times a day. The case ended in complete recovery.

4.—A case of whooping-cough in a child eight years old, who had sixty or seventy paroxysms daily. Glyco-heroin (Smith) in twenty-minim doses every four hours soon reduced the paroxysms to between twenty and thirty a day, and the

violence of the paroxysms was very much abated.

5.—The three children of Mrs. C. had whooping cough; the baby, one year old, suffered very much; the paroxysms were very violent. In this case the results were very good and almost instantaneous; after the second dose of glyco-heroin (Smith) the violence and frequency of the paroxysms abated; the child made a quick recovery. The other two children had very mild attacks, which I believe was also due to the glyco-heroin (Smith) administered.

6.—E. D., sixty-three years old, had suffered for the past four years with chronic bronchitis; while being free from cough all summer, it seemed to increase in severity each winter, and he dreaded the return of the cold weather. I was called in September 28th and found him suffering with a violent cough and a great deal of dyspnæa. With the aid of glyco-heroin (Smith) I have stopped the cough; he has not taken any of the glyco-heroin (Smith) since October 23d, and there has been no return of the cough. His present condition shows a complete cure.

In all tuberculosis cases the cough diminished until practically absent, patients slept better, appetite increased, gained in weight, and the temperature reduced to about normal.

In several cases of whooping-cough where other remedies had been tried in order to relieve the paroxysms of coughing without result, with the use of glyco-heroin (Smith) the results were all that could be expected, as there was decided relief from the paroxysms of coughing, and all were able to sleep and rest well.

In acute bronchitis glyco-heroin (Smith) acted very promptly, and not alone was the cough relieved in a very short time, but also the whole general condition of the patient was rapidly improved.

In chronic bronchitis the preparation is very serviceable. The expectoration is facilitated and the dyspnæa diminished, owing to the fact that the air enters more completely into the alveoli in consequence of the increased inspiratory force.

In bronchitis the results were also satisfactory. If the precaution of lowering the upper part of the body was observed to aid the patient to get rid of much of the accumulative secretions by gravity, a few small doses of glyco-heroin (Smith) during the day and a full dose at bedtime would always make the patient very comfortable.

In pulmonary emphysema and bronchial asthma glycoheroin (Smith) is decidedly superior to any other remedy therefor used.

During the attack of asthma, with the administration of this remedy respiration is stimulated, and the individual paroxysms were not only shortened, but the interval between the attacks is distinctly lengthened.

In acute pneumonia the results were very gratifying, since in most of the cases the harrassing cough was speedily controlled and the patient's comfort was increased as well by the stimulation of the respiration, the dyspnæa becoming much less marked.

And now, summing up all data of the clinical investigations carried on under my observation, I must say that we have here acquired a reliable, prompt and effective remedy with the following advantages:

A reduction of temperature.

Prolonging respiration and at the same time increasing the volume of each inspiration.

Almost devoid of hypnotic effect.

Absence of danger of acquiring the habit.

It does not weaken the respiratory apparatus.

Does not cause unpleasant disturbances of the stomach or intestines.

Is without deleterious effect on the heart.

The ratio of therapeutic to the toxic dose is many times smaller than that of morphine or codeine.

Its decided beneficial effect in all dyspnœa.

It does not constipate, or rarely, and then only slightly.

Acts as a stimulant to the respiratory center, and stagnation of the secretions is excluded.

And in comparative doses with codeine, the latter is shown to produce nausea and vertigo, while these symptoms are absent during the administration of glyco-heroin (Smith).

In conclusion, I would say that in all cases here cited, and many others as well, the instant relief obtained marveled both myself and patients. I have never, with any remedy for similar indications, enjoyed the confidence I have in this preparation,

and now have the pleasure in not only having offered relief and cure in the cases wherein this remedy was first suggested, but find glyco-heroin (Smith) almost indispensable; and more especially so when I again consider codeine or morphine, with all their bad effects, as remedies compared with this preparation, which, on investigation, I found to be not only a true pharmaceutical product, but also an ethical product in every sense that the physician applies this term in designating a medicinal preparation worthy of consideration by the medical profession, and for this reason I have no hesitancy in giving my experience with the same, but rather feel that any treatment of disease that proves of especial merit should always be brought to the notice of the profession.

The preparation is well worth investigating, and will surely prove a valuable addition to the "armamentarium" of every physician.

### Thurber Medical Association.

The February meeting was postponed on account of bad roads and press of business on the part of the members, which rendered it impossible for them to attend.

The March meeting was held on Thursday the seventh, but for the same reasons, the attendance was not large, and only one of the four members who had prepared papers, was present to read. This was Dr. C. D. Albro of Milford, who read an interesting and instructive review of medical progress and opinions, under the title of "A Few Rambling Thoughts." The other papers will be read at the April meeting.

Dr. Moses C. Stone of Hopkinton was elected to membership.

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A Journal of Review, Reform and Progress in the Medical Sciences.

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### EDITORIAL.

### Men Who Talk Too Much.

There never was a time on this good green earth of ours when the human attribute of articulate speech was exercised so extensively as it is today. The fair sex have always borne the reputation of having superior talking faculties to their sterner and therefore supposedly wiser brethren. But during the last few years great changes have taken place, and many men have awakened to their power of loquaciousness, with the result that the world has just found out that the average woman is an infant in speech when compared with "the man who talks."

Every now and then some man who is more or less prominent in the literary, scientific or political world will get infected with the germ whose principal effect is to produce a profound asininity and volubility in the person attacked—and poor afflicted humanity has to suffer. For several years Bryan, a young fellow from somewhere in the West, has been having an awful time with such an infection which only recently resulted fatally. This unfortunately is not the usual result. In his particular case we are informed that his infection with the Bacillus Loquaciosus was mixed with the Micrococcus Damfoolishness which hastened the fatal termination of his career. Be that as it may be certainly lingered long enough to impress the American people with the dire misfortune of his malady.

One of the latest victims to this infection is a certain Mr. Clemens, more familiarly known as Mark Twain. His disease is manifesting a very virulent form and the extent of his loquacity is truly shocking.

At a recent public hearing of a committee of the New York Legislature, at which a medical bill was being discussed, the poor afflicted Mark, almost torn in twain by his excessive suffering, is reported in his agony to have exclaimed among other things:

"I like full liberty, full liberty to do with my body as I like, to my own peril or to the peril of any one else—it doesn't matter; I'm not particular as to that."

These words speak eloquently of what depths of mental alienation his malady has reduced him. The man who claims the liberty of doing what he wishes with his own body to his own or others' peril has either got an unusually severe infection with the *Microccocus Damfoolishness* or else is dangerously near that stage of mental aberration which is characterized by suicidal or homicidal tendencies. Our suspicions in regard to the sore straits of the Christian Science Cult are increased by their breach of decency in putting Mark Twain on the stand and taking advantage of his suffering and delirium.

"Men who talk" are a menace not alone to themselves but to the community. The best way therefore to prevent the spread of their malady is to isolate them at once and enforce a strict quarantine. The old adage that "Silence is golden and speech is silver" was never so true as today, only that speech has depreciated until it is only brass. The man who exercises a judicious silence is a peer in diplomacy, for he knows many things that the world does not. His personal limitations are known only to himself. But the "man who talks" gives the whole world a chance to take his measure, and it is needless to say that Society's estimation is always less (but nearer correct) than his own.

### A Voice from the Past.

As many physicians are doubtless aware there is a general movement in progress looking toward the substitution of the alkaloids in medical practice for the cruder preparations in general use. While this is essentially a recent development it is nevertheless simply a continuation of what has been going on for centuries. It has not been so long since the voice of conservatism was uplifted in protest against the innovators who propose to substitute epsom salts for the waters of Epsom spring. Similar opposition has been aroused by every effort to utilize the various salines instead of the waters to which they imparted efficacy. The contest has been revived with each fresh attempt; and it must be said that the weight of authority and even of argument, has been invariably on the conservative side. And yet each of the salines has been established in the affections of the profession, not directly supplanting the parent water, but making a new field for itself, its uses accurately determined and being employed with precision in numerous ailments in which the water may or may not have been doubtfully prescribed. Setting aside the hygienic advantages of the life at the springs, there is absolutely nothing to

account for the use of mineral waters to-day excepting superstition. The modern physician uses the salts, and, unless exceptionally, never thinks of the mineral waters as part of his armamentarium.

The same struggle, beyond a reasonable doubt, was waged over the introduction of pure metals, though this took place earlier, at a time when the results of diversity in opinion from the established belief were fought with personal consequences to the innovator.

Do you ever look into the medical works of some centuries back? It is well worth while. Go back far enough and you will find yourself among the men who prescribed calamine, orpiment, cinnabar, and similar metalliferous ores. When mercury, arsenic, iron and other metals were extracted and used as medicines it was a move towards active-principle medication, precisely similar to that we are now inaugurating. We do not doubt but that, if you have access to the controversial medical literature of the times, you will find therein the protests of the conservatives of that day against these innovations. They would probably read something like this:

"At the late meeting of the Babylon Medical Society, Dr. Nebuchadnezzar, Jr., read a paper in which he called attention to the chemical composition of galena. He stated that it had been found to contain lead, sulphur, antimony, silver, zinc, iron, copper and selenium, besides earthy constituents; that of these metals each had a different effect upon the body, and that in no two specimens of the ore were they found in exactly the same proportions. He showed from the official records that in one case treated with galena the patient became affected with paralysis from the excess of lead present, another turned blue from excess of silver, a third wasted away under an unusual proportion of antimony; while in every instance in which galena was administered the first few precious days were wasted in endeavoring to ascertain just what effect the remedy was going to manifest; and too often by the time this was deter-

mined the opportunity for effective intervention had passed. He furthermore exhibited samples of the metals contained in galena, eachin a state of absolute chemical purity, extracted at the great smelting establishment of Shadrach, Meshach and Abednego. Dr. N. showed that the physiologic and therapeutic actions of each of these agents had been thoroughly and most carefully established by many lines of experiment. He proposed therefore that instead of prescribing galena for a multitude of ailments, each of its contained active principles should be administered in such cases as demanded the action of that particular agent, as iron for chlorosis, silver for gastric ulcer, lead for dysentery, antimony for plethora and sulphur for about everything else.

"The society heard the paper through with commendable patience. Dr. Sargon of Agadé arose and remarked that he had listened with surprise to the reader's remarks; he had employed galena for forty years, believed he knew how to use this potent agent, and did not propose to learn his profession over again at his time of life (Applause); galena had been good enough for centuries of his ancestors and was good enough for him; he was no hand at hair-splitting; he gave the remedies indicated, and if the great gods thought best that the patient die, he was not the man to question their decrees (Great applause); the times seemed to be getting out of joint; and for his part if the time of the society should be taken up with any more such crazy innovations he would vacate his membership.

"As the venerable old man sat down the hall fairly shook with the thunders of applause, which broke out again and again.

"When order had been restored Dr. Kudur Lagamer of Elam took the floor. He said that he had heard the noble utterances of Dr. Sargon with the strongest sentiments of approval; for his part he could scarcely contain his indignation during the reading of Dr. Nebuchadnezzar's sacrilegious paper. Yes, sacrilegious! for who dare attempt to improve on the works of Anu, Bel and Hea? If they had intended these metals to be used separately

they would have so created them; as it was, they had sent us galena, in which we found the central sun, lead, surrounded with its satellites as in the solar system; and that each of these so modified, aided and corrected it, and each other, as to produce one of nature's harmonies, to disrupt and violently break up which was to ruin the whole. If galena varied in its composition so did the natures and maladies of those to whom it was administered, and how could one expect to accurately fit such shifting and uncertain conditions except with shifting and uncertain remedies? (Thunders of applause, uproarious laughter, cat-calls, fingers of derision pointed at the unfortunate Dr. N., who appeared crushed to earth by this masterly refutation of his arguments.) Moreover he must denounce as impious this attempt of poor, weak, finite man to match his puny reason against the great gods, and for his part he would expect some signal vengeance to fall upon them if they failed to properly resent such impertinence. However, heresy was hereditary with Dr. Nebuchadnezzar, whose ancestor had only been cured of his penchant for innovation by being restricted seven years to a vegetable diet. Indeed he would not be surprised to see the whole Babylonic nation subjected to a second and even more radical course of hydropathy, were they to allow this sacrilege to go unpunished. He therefore moved that the high priest be requested to make a bonfire of Dr. Nebuchadnezzar, and his paper, and that front seats at the spectacle be reserved for the entire medical faculty.

"The motion was put at once and passed with a hurrah, the only dissenting vote being that of Dr. Nebuchadnezzer himself.

"The fête will occur next Thursday. Let there be a good turnout."

Does it sound queer? Yes, but only because we are so accustomed to use the pure metals that we wouldn't know what to do with the ores. We would be simply bewildered at having to go back to these complex, uncertain and variable agents; and would say with the conviction that comes from custom grown

habitual: "If you want the effects of several metals, mix them yourself to suit your needs."

And that's just what we say about the alkaloids. And just as you now look on the idea of using the crude ores, so will the next generation of doctors look on the use of the crude plants.

—Alkaloidal Clinic.

Small-Pox and Vaccination.—Prior to 1874 the yearly loss of life in Germany from small-pox (*Medical Record*) was 15,000 to 20,000, and the epidemic of 1871 carried off 143,000 persons. At this time the practice of vaccination had virtually died out. The compulsory vaccination law of 1874, by which all the population must be vaccinated in the first year and again in the tenth year, has reduced the mortality from this disease to 116 per annum, and these fatal cases have occurred chiefly on the borders of Germany.—*Denver Medical Times*.

## MEDICAL ABSTRACTS.

Painful Micturition.—In the Journal The American Medical Association, for December 29, 1900, Dr. Jesse Hawes, of Greely, Col., writes on the use of guaiacol in the treatment of frequent and painful urination. Its use is only applicable where the site of the trouble is located in the inner end of the urethra; yet it is here that the great majority of cases have origin. Many cases suffering from irritability of the "deep urethra" are diagnosed as "irritable bladder," or "cystitis," and are treated by drugs per os. In use a urethra speculum as large as can be used is passed through the deep urethra, the mucous or blood is mopped up with absorbent cotton and the guaiacol is applied. Not enough is used to permit its flowing over the mucous membrane; only a surface application is desirable; thus applied, it is anesthetic and stimulant. It gives but slight pain; no strangury results, and the patient will often retain the urin for hours after the application. Perineal and supra-public discomfort is lessened, and a few applications, five days apart, are satisfactory to patient and physician. Seventy per cent. of cases are improved and 20 per cent. are cured. If too frequently applied it causes local tumefaction with diminution of the stream, but this passes away in a few days. He reports success in male and female, from childhood to old age. - Medical World.

Nux Vomica.—Nux vomica used specifically becomes an invaluable remedy. Five drops of nux in half a glass of water, a teaspoonful every hour or two. In atonic gastric and intestinal troubles, tongue coated pasty yellow, pale; pale mu-

cous membranes, nausea, vomiting; acute pain in the small intestines; acute pain at the umbilicus, with pale circles around the mouth; general inactivity, indisposition, feebleness. These are the indications for this remedy.—Chicago Medical Times.

Phosphorus in Rickets.—An extensive literature is quoted by E. Kassowitz (*Therap. Monatshft.*, April, 1900) to support his view that with the introduction of phosphorus a new era in the treatment of rachitis has begun. Most authors are unanimous in the opinion that phosphorus aids the process of ossification, and that the convulsions, laryngospasm, insomnia and restlessness are better benefited by this than any other drug. The records of over a hundred thousand teach the author that phosphorus is the specific in rickets. He recommends it dissolved in cod-liver oil, in which form it keeps well for months.—*Medical News.* Vol. lxxvi., No. 21.

The True Value of Gargling.—By gargling in the usual way only the upper anterior surface of the uvula and soft palate and base of the tongue are reached. The method of holding the nose and throwing the head well back when gargling enables the fluid to reach every surface of the pharynx.

The value of the two methods can rapidly be tested by painting the posterior wall of the pharynx with a strong solution of methylene blue. After gargling with water in the usual way, the latter will be perfectly clear and unstained; then let the patient gargle again by the method suggested, and the ejected fluid will be found stained.—Charlotte Med. Jour.

### PUBLISHER'S DEPARTMENT.

Female Neurotics-Their Treatment.-Prof. Chas. J. Vaughan, Chair of Gynæcology, Atlanta College of Physicians and Surgeons, writes: "Cerebro-nervous affections peculiar to women associated with pathological disturbances of the reproductive organs are legion, and most trying to physician and patient. Physicians are aware of the wide prevalence of these nervous disorders, for comparatively few women are entirely free from some phase of the ailment. Neurasthenia, neuralgia and other manifestations, either of an active or passive character, are common and are always peculiarly rebellious to treatment. Neuralgia constitutes the great cause of danger from the employment of hypnotics and narcotics, which only afford relief by numbing, but effect no cure. On the other hand, the formation of a drug habit rather aggravates the condition from which relief was originally sought. I have found nothing so well suited to these cases as five-grain antikamnia tablets, administered in doses of from one to three tablets and repeated every one, two or three hours according to the attendants judgment. These tablets not only afford complete relief without fostering a drug habit, but they do not endanger weakened hearts. Their exhibition is attended with no unpleasant after-effects. I use them in preference to any other preparation in the treatment of female neurotics and experience demonstrates that they are safest and best."

You must be aware that in Herpes Zoster, all so-called ointments, paints, etc., are not of the slightest use, and that the disease runs its painful course in spite of treatment internal or external. Having a severe case of Herpes where the chest, back and the arm was affected, and the patient's pain was unbearable, and knowing the value of Ecthol, I ventured to give it a trial. I applied Ecthol on pieces of lint, and strange to

relate within 24 hours, the pain had mostly subsided and the pustules had quite a shriveled appearance. This was the third or fourth day of the disease. The patient made a painless recovery thenceforth. I am giving it extensive trials now in all cases where there is any pus.

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Bombay, Dec. 23d, 1900.

Deceiving the Palate,—In a recent issue of a medical journal appeared the following item:

"A somewhat clever ruse, practiced for the purpose of administering cod-liver oil to those who object to it, is described as breaking up a conspiracy among the patient's olfactory, optic, and pneumo-gastric nerves. The patient probably confesses he likes sardines so without his becoming aware of the trick, the preservative cotton-seed oil is emptied away and the sardine box is filled with fresh cod-liver oil, of which every day the patient unconsciously takes a substantial amount."

About the same time that the above appeared in print another authority vouchsafed the information that "a ferruginous water, prepared by keeping a few iron nails in contact with water for a few days, serves to fully prevent the odor and taste of cod-liver oil from being noticed. The mouth is to be rinsed with the water both before and after taking the oil."

These articles take one back to the days of the stage-coach, the hand-press, the tread-mill and the spinning-wheel, and the conviction is forced home that many people do not progress with the age in which they live. Physicians of the modern school have come to the realization that plain cod-liver oil is too violent in its action to be safely administered to patients whose stomachs are in a weakened condition. But in order

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that the full strength of cod-liver oil may be secured, and at the same time additional benefits derived from other bone-building and blood-enriching properties, the careful practitioner prescribes Scott's Emulsion of cod-liver oil. He gives this the preference over all others because during the twenty-six years of its existence it has proved invaluable in the treatment of all cases requiring cod-liver oil combined with hypophosphites of lime and soda and glycerine. It is not necessary to resort to such subterfuges as above cited in order to get the emulsion into the system. Grown folks take it without the slightest hesitancy, while children, however young, become really fond of Scott's Emulsion.

The Treatment of Cystitis and Prostatitis.— Dr. Richardson of Denver (Medical Review, February 10, 1900), states that about 12 years ago he commenced treating cases of cystitis and other diseases of the genito-urinary organs with injections of iodoform. Although this treatment proved of value it was quite often attended with considerable irritation and even abcess formation. Later he substituted europhen for iodoform and has since obtained much better results without any irritating effects of the latter. The europhen was found to rapidly yield its iodine in the presence of urine, thus maintaining a constant germicidal effect upon the infected parts. Dr. Richardson's treatment in subacute cystitis consists in injecting, with a special syringe, a mixture of europhen in pure olive oil, 10 grains to the ounce, into the bladder every other day. In place of the olive oil an ounce or an ounce and a half of distilled water, with or without glycerine, may be employed. From three to six treatments usually cure a case of subacute cystitis, while in cases of chronic prostatitis, with urethral discharges of years' duration, and chronic gonorrheas of long standing, excellent results were also obtained. The position of the patient during the treatment is flat on the back with knees drawn up, and he should remain in this posture for at least 20 minutes, the fluid being retained as long as comfortable. Even in cases of severe cystitis attended with dribbling of urine and great discomfort, the injections of europhen speedily relieved the pain and tenesmus. The cases reported comprised chronic gonorrhea, and prostatitis and cystitis of various origin.

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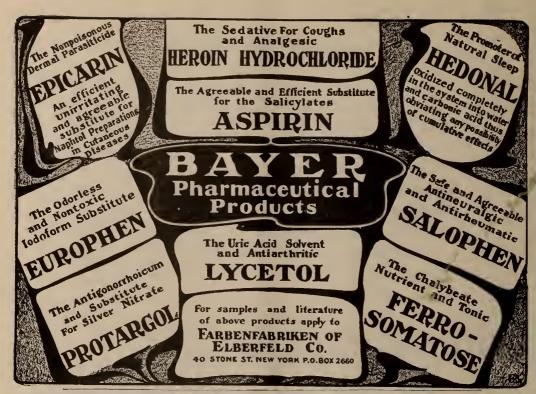
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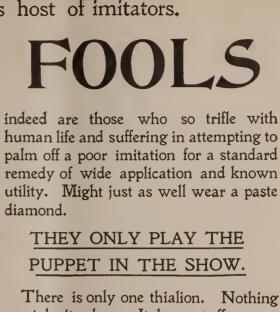
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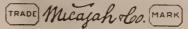
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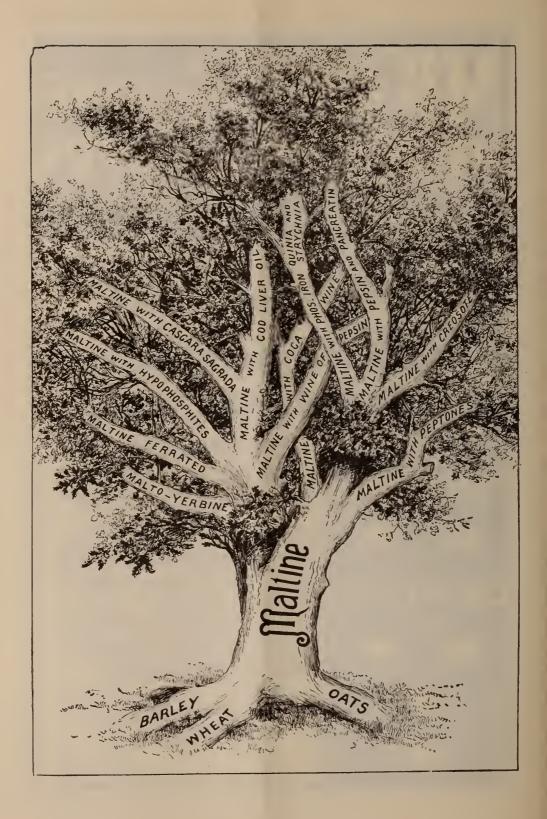
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# The Vermont Medical Monthly

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## A Few Rambling Thoughts on Medical Matters.\*

By C. D. Albro, A. M., M. D., Milford, Mass.

We have lived in the 19th century, and the 20th has dawned upon us. We have passed from the 19th and have been ushered into the 20th century in Medicine and Surgery as well as in other things.

As we take a retrospective view through the 19th century we are led to ask, what hath been wrought in the domain of Medicine and Surgery?

As we investigate, we find that most of the important changes, if not within our memory, have come to us during the century just past, and these changes have rung upon our ears, peal upon peal, until many of these changes, at least, have become a part of ourselves; and whatever progress, or so-called progress, has been made, has been very largely made during the last 100 years; for it is often a mooted question whether much that we call progress is, after all, real and true progress, for oftentimes what is termed progress may be only variations or changes, and not true progression at all.

<sup>\*</sup>Read at Thurber Medical Society March 7, 1901.

We cast our eye backward and note the old physician wending his way leisurely along, viewing the landscape, unless called in the "wee' sma' hours" of the night or hastily summoned to a critical case, then hastening with all due speed to find on his arrival, it may be, a slight, simple case of "bellyache," or as we say, with our today refinement, "colic"; astride his horse, with saddlebags slung over his or his horse's shoulders, containing all the implements of surgery, and all the articles of the Materia Medica which were then obtainable, or which he in his wisdom needed for a common or an emergency case, either medicinal or surgical, on his 20-mile circuit, over hill and dale, through forest and across bleak plains, fording rivers, or across fields, jumping his horse, as in some instances over ditches and walls, in a cross-cut, to the destined farmhouse, in a lonely and sparsely settled region.

What should we think, had we today to follow in the same way, in the footsteps of many of these old, kind-hearted, rugged, sturdy, but some of them, no less skillful physicians, than those of to-day, ay, it may be even more so, as they had to be skillful in devising and improvising ways and means, especially in surgery, to treat their patients, and often without any assistance, and that too in the most critical cases, except that of a rough, rude farmer and their own fertile brains.

All honor to these persevering, sturdy, faithful men, members of our fraternity of the 19th century. We have faith to believe that they have done their work well, that they may have done much toward paving and smoothing the way for us, possibly thereby enabling us to do our work so much the better, and to do more effectual work, and that they have most surely passed from labor to reward.

We have gone on, at the beginning of the century, from the few remedies then employed, chiefly ipecac, calomel, drastic cathartics, bloodletting and a few very simple remedies, investigating, extracting, changing, discovering, combining, simplifying, dividing, minimizing, until we have reached the latest,

in medicine, the alkaloids, or the alkaloidal system, and in surgery, the X-ray, ay, even, until we have gone beyond, as it were, the range of Materia Medica, until we have the Eclectic, who, it is true, uses some drugs, but without unity, principle or consistent system, the Spiritualist, who prescribes out of mind, by communicating with mind, the Mesmerizer, Layer-onof-hands, Magnetizer, the Rubber, the Massager, the Hypnotizer, Schlatter the Divine Healer, the Faith cure, the Prayer healer, the Non-believer in pain and disease, the Brown-paper man, who holds the brown paper between his palms then applies it to the afflicted parts for its healing properties, which doubtless are many when discovered, the Christian Scientist, and the last two, but which may not in the 20th century enlightenment prove to be the least, which have not been named yet, shall I say "fads," announcements, the one that of restoring the dead to life, by the injection of chloride of sodium into the arteries, and the other that life can be created where extinct by the proper combinations of oxygen, hydrogen and nitrogen.

We have gone through the whole Materia Medica for the relief and cure of disease, then left it and utilized nearly every known plant in the vegetable kingdom outside, bud, flower, leaf, bark and root, and not yet satisfied, we have called into requisition the mineral formations, and even encroached upon the animal world, by taking the ox, sheep and pig, and using the stomach, thyroid and testicles, as remedies for the ills of mankind.

In surgery, from a very few and very crude instruments oftentimes in use by the old-time physician, we have seen the advancement and progress which have been made, and watched with eagerness and not a little satisfaction the inventions, and examined and perhaps used with much pleasure and great relief the many convenient and very skillfully made instruments which have been presented to our view, and have come to our hands for use in great emergency cases.

We have noted the great strides which have been taken in surgical operations. While the knowledge of the beginning-of-the-century surgeon extended only to blood-letting, the reducing of a fracture or a dislocation, with often the not sure splint, an unsecure extension, or a somewhat distasteful, if not a bungling bandaging, the opening of a superficial abscess, a boil or a felon, or possibly the amputation of a foot, we have become able with our knowledge, tact, improved appliances and our delicate instruments, to reduce a fracture in almost any part of the body, with great accuracy and nice co-apitation of parts with union, even to those of the cervical and vertebral bones.

Electricity has come into use as a common and frequent agency for the amelioration or cure of almost every disease that flesh is heir to. We have entered into and exposed every cavity of the body for tumor and abscess, sometimes with desired effect and great satisfaction to ourselves if not to our patient, and sometimes with not a little chagrin, if not mortification.

While our old-time brother removed now and then a troublesome limb, a few warts, and less frequently an occasional tumor, we do not stop at the removal of limbs and tumors galore, we sail in and do not scruple at removing the appendix, the bones of the ear, portions of the cervical and dorsal vertebrae, portions of the brain, the spleen, the ovaries, portions of the uterus, if not in its entirety, the testicles when necessary, and there are more times when it might be an advantage and a blessing, if not an actual necessity to remove more of them, nor to take out the stomach, examine and replace, or the eye, scrape it and return to its cavity, for further and perhaps greater use than ever before; and one of the last recommendations is to apply massage to the neck of the bladder, over the rectum, for nocturnal enuresis.

Of disinfectants, the old-time physician seemed to know but little about, or if he knew, placed but comparatively little reliance on them in the treatment of disease. We had not studied the germ-theory, and knew nothing of the many "cocci" or germs, of which we hear so much about to-day.

And sometimes, some of us are apt to feel so bored with this much strained and so long drawn-out knowledge, as to be led to exclaim, "Oh for a little space of time, wherein we might become oblivious of this wearying and much-mooted theme."

There is one realm, which, if possible, the old timers would have sighed and eagerly longed for, more than any, other had they known a tithe of what we know, the realm of anaesthetics. The discovery of this class of medicines has been a great boon and almost entirely during the nineteenth century. Most of the important ones, as chloroform, chloric ether, and chloral were discovered early in the nineteenth century, and during the last half, or less, of the century many others of greater or lesser value have been added to the original few which did duty alone for a long time, which tend to produce anaesthesia, or partial anaesthesia. And they have kept multiplying and grading off in the various productions and combinations until we have besides the original and true anaesthetic, the opiates, the hypnotics, the soporifics and the nervines.

Much attention has been given to contagious diseases since the beginning of the nineteenth century. Not that many have been added to the list of measels, mumps, chicken pox, small pox, cholera, the plague, scarlet, typhoid, typhus, yellow and ship fevers, which were then considered contagious, but much investigation and experimenting have been carried on so that much more caution has been manifested, and greater pains taken, both during the continuance of the disease and after its recovery in disinfecting, isolating and quarantining the house, the room, the patient and those liable to be connected therewith; the passing of more stringent laws governing and controlling such cases, until we have realized the liability and began to seriously consider the dangers there may be involved of infection from sputa

expectorated in public places, as well as in the sick room, or the diseased person traveling about and expectorating in his own domain; until since since May 12, 1896, first in New York City, forbidding spitting on the floors of public buildings, railroad cars and ferry boats, we have rules and laws which have been passed in various towns and cities and by State Boards of Health, more stringent than those of New York City, forbidding spitting in omnibuses, hacks, carriages, vehicles, steam cars or any public conveyance, and in public halls, assembly rooms, shops, stores, halls, railway stations, churches or school-houses. And in several cities to-day, as Cincinnati, O., Cambridge, Colorado Springs, Col., Brookline, Providence, R. I., Springfield, and Rochester, N. Y., spitting on the sidewalk is forbidden, and in Cambridge our own State, the Board of Health has passed laws forbidding spitting upon the floor, platform, or any other part of a public conveyance; upon the floor, steps, or stairs of any public building, hall, church, railway station, or shop; upon the sidewalk of any street, court or passageway; or upon the pathway of any park, square, or common, considering it a nuisance, source of filth and cause of sickness.

And now having noted some of the surprising, marked and wonderful discoveries and inventions which have been made, and how these have made it possible for the great and successful surgical operations which have been performed during the last fifty years of the century, we are led to ask what next? What progress is it possible to make the next one hundred years?

As we stand here at the Alpha of the 20th century and look down through the vista of years of which it is to be composed, can we read aught of the progress that is to be made, can we imagine, even, a scintilla of the work that will undoubtedly be wrought? We know both comparatively and intuitively that the work will be wrought, because it is an age of progress, and not only that, but we know that this world is a world of progress, we are progressive beings, and there has been no time since the world was created, wherein each succeeding century that has

dawned upon us and been relegated to the past, but that it has outstripped its preceding fellow, by making a stronger showing in advancement and progress, and made a more brilliant passage, ere it has vanished and given place to the next. And although we may be able to do but little toward it, or unable to fathom its advancement at the present, we have a right and strong faith to believe that this century, the 20th century, will encounter still greater progress, and present at its close a more brilliant record in the Annals of Time, than its predecessor, notwithstanding the wonderful advancement it has made.

But while we may not enter into the discoveries or inventions, or be so much of a participator in the great strides which may take place, I think there are things that we may do, which may be a great help, and which may bring about a much needed improvement for us. Some of these things we have voluntarily done, it may be, and others we have drifted into the habit of doing, or neglecting, as the case may be.

#### DISPENSING MEDICINES.

May it not be of much greater advantage for the physician to dispense the most if not all of his medicines, instead of writing prescriptions? The chief objection to this, formerly, which has been largely remedied, was that the physician had not the proper vessels, or they were too expensive, or the physician was too busy and had not the time to take the dried herb, or the crude drug, and prepare it for his use.

But to-day these are prepared for him and brought directly to his office, all ready for dispensing.

But then the question comes in, that in order to do this, he must use proprietary medicines, in which use, the faculty of conscience comes in to smite him, it may be. But who to-day can scarcely avoid using proprietary medicines?

He may use proprietary medicines with all propriety, while he may not patent. The druggist of to-day has usurped too much the prerogatives and the business of the physician. When the physician writes a prescription and sends to the druggist to be filled, when filled, and recorded, that ends his right to it, only for reference; it is the property of the physician, and he can recall it, destroy it, demand its no further use, or order it refilled if necessary, but instead of that, the druggist fills it as often as the patient requires it done, or fills it for his own benefit and sells it as often as possible to others, or if out of some one ingredient, supply another, which may spoil the effect entirely, or by so doing it may prove a detriment, or use some one or more ingredients of lesser strength, which will balk the physician's efforts by proving to be almost worthless.

The manufacturer should deal directly and solely with the physician, in order for the physician to secure the purest and best preparations, at the least cost, thereby saving expense to his patients, he then being able to dispense his medicines as he is the true, and should be the sole dispenser of medicines at a merc nominal price in addition to his fee, which would save time, annoyance and expense to the patient, which is subjected to, by being compelled to visit the drug store, and such a saving as the patient or people would appreciate, instead of selling to the druggist, as two or three firms are now said to be doing, medicines expressly prepared for the druggist to dispense, as, and instead of the physician, upon whose domain they are encroaching, with the very grave doubt as to their legal right in the matter. It would seem that we, as physicians, should consider this matter, and take such steps as may be necessary for the protection of our profession.

Whether the establishing of a co-operative drug store, or whatever the name may be, now in contemplation by physicians and druggists, will prove to be a remedy, or whether it will be a means to play still more forcibly into the hands and pockets of the druggists, instead of being a boon for the fraternity, time may solve.

#### SURGICAL CASES.

There are critical cases in surgery, owing to their condition severity, and surroundings, which demand being sent to a distant hospital, but too many cases are remanded to the hospitals, which might be well treated at home, and which rather militate against the ability of the regular surgeon, some of which come out no better treated, and not with as good results as many cases which the country physician treats. When these cases can be taken to a local hospital in our midst, where the surgeon of the patient thus committed can have some supervision of his cases, this difficulty will be largely obviated.

#### FEES.

The lack of stated fees, which may be due to a desire for independency, indifference, a lack of conscience, or to too much of the cutting-under principle, or to whatever cause it may be due, is a great detriment to the fraternity, and it is to be hoped that in this 20th century, and at its very start, that physicians will come together, if only a major part of them, and establish a regular fee, and have stamina enough to stand by, and principle sufficient to uphold and adhere to such regulation. And in connection with the establishment of a fixed fee, I believe we should have a cast-iron regulation in regard to dead-beats, and those who impose with impunity upon the physician in regard to paying their bills.

And we do not want to define this term too closely, but to broaden out our definition considerably, and take into our category, the most despicable dead-beat of all, the man who has a good fair means of livelihood, the man who often pays all of his bills except the doctor's, and the man who has means, or some property, and can pay as well as not but, who does not intend to pay the physician when he calls him, and who won't pay if he can possibly sneak out of it. Such an one needs to be placed at the head of the list, and without delay or hesitation,

without fear or favor, brought at once to the cashier's desk, with a whip of cat-o'-nine tails held over his head, ready, if he parleys at all, to give him such a good castigation as will compel him to settle instantly.

#### SPREAD OF CONTAGIOUS DISEASES.

We have spoken of the great improvement made and precaution which has been taken in the last century in regard to preventing the spread of these diseases; and yet there is a point which should be more potently emphasized, and which I think we as physicians should look to.

While we are not necessarily to blame, there is, it must be confessed, too little precaution oftentimes, and too much carelessness in the so-called quarantining. Does a card placed upon a building, or even a patient shut up in a room and treated, quarantine? If the persons in the house who are not in actual attendance upon the patient, are not restrained from entering the sick room during the disease, or prevented from leaving the house or premises, and those outside from entering, or in other words, if there are no restrictions, is that quarantining? Is it the intent of the law, simply to placard the house and thus tell the people there is a dangerous case in that house?

Without certain restrictions, is the danger or great liability to spread the contagion prevented? It may be true that there is a strong question as to what extent these restrictions should be carried, and yet the law is explicit. And in cities its full extent is appreciated. Should not the line of demarcation be the same in a place like ours? If not, where shall the line be drawn? While Boards of Health have the matter in charge, how far are we responsible for the true and full quarantine, for the safety of the community!

I think we should demand that every precaution be taken in these cases.

#### CIGARETTES.

There is still another matter in relation to health and disease which should attract and engage our candid and painstaking attention and investigation in this 20th century. A question of the most serious importance, and that is the matter of eigarette smoking, which has become so prevalent, rapid in its increase, so well-defined in its evil and poisonous effects. There is a stringent law against their sale to and use by minors under 16 years, but no one seems to heed it, nor give but little thought to the pernicious effects which result therefrom. Too many of our young men are already under its baneful influence from the vile practice, and marked for a shortened and miserable life, and an untimely end.

None see it so visibly as does the watchful practitioner, and should he not be the one to raise the alarm, give the warning note, point the danger-signal, take the initiative and do all he can to prevent the depreciation and wreckage of our boys along this line. Have we not lost much of the prestige of the old-time physician in regard to instructing the people in regard to observing the laws of health as a preventive of disease? Have we not become so absorbed in disease itself, and the remedies for the same, as to lose sight of perhaps our first and no less important duty? It seems sometimes in our practice as if we are too much like the very busy mother and the child just beginning to walk; she raises it, starts it, holds it or keeps it from falling, until it has learned to walk a few steps, then tells it to get up and walk; she hasn't time to bother with it, it must walk itself; it tries, totters, falls and bruises itself, and the mother says, "O well! it must get knocks in this world and it must learn to look out for itself." So we take our patient when very sick, carry him to his weakest point, then leave him either through the rush of business, the earnest solicitation of the family, or through fear that if we have too large a bill, the next time any one is sick in that family they will employ another man, tell him to go it the best he can, he is liable to have his ups and downs, but he'll come out all right in the end; when perhaps he goes on through a lingering, weak convalescence or has a relapse and a less vital constitution, because of our hasty leave-taking when he could only creep and hardly that. Now is it not just as much our duty, and should we not insist upon carrying that patient to the point where he is fully able, with the help of his friends, to take care of himself before leaving him, as it has been our duty up to that point, regardless of any hindrance?

As for example, a case occurred not more than 30 miles from here where a woman was confined; rather a bad case; the physician made no visit after the time of confinement. The woman flowed continuously, and the third day the physician was called to check the hemorrhage; barely saved her life; made one other visit, then left her. She suffered for weeks in consequence of neglect, without medical attendance. The family was one who always paid their bills, and this was a so-called first-up physician.

#### DIAGNOSIS.

There is another question which we as physicians of the 20th century should carefully note and strive to make advancement in, in order to manifest our skill and to guard and maintain our reputation as well-educated and skillful physicians of our day and age, viz.: that of Diagnosis. There are, so to speak, errors of diagnosis and errors in diagnosis. And these errors are made through carelessness, through superficial examinations, failing to grasp the gravity of the case, through a lack of knowledge and ability to judge, or through marked symptoms which may resemble several diseases.

When a physician is careless and makes a snap-shot diagnosis, he has made an error of diagnosis, because he has failed to reach the field of diagnosis; when he makes a superficial examination he has made an errer of diagnosis, because he has

simply touched the line, but failed to enter the realm of true diagnosis; but when a physician is careful, when he makes a thorough examination, realizing the severity of the disease and appreciating the gravity of the case, when the symptoms are marked, and when later, results show that an error has been made, it is no fault of his, and the result simply proves that he has made an error in his diagnosis.

We ought to be good diagnosticians, better than we are. We have had teaching, we have had instruction, we have had education, we have had experience, and yet I think we are compelled to say that there are too many poor diagnosticians, that altogether too many mistakes are made, too many cases of false diagnosis. What is the matter?

I think the chief causes are three in number. That we haven't the time to take the trouble to examine our patient, that we are too careless in our examination; or that we have too great liking for the knife or the obstetric forceps, and we find that either of these practiced to any great extent, redound not always to our honor and glory, but oftentimes may redound to our astonishment and mortification. We talk about skillful physicians. How is it possible for a poor diagnostician to be skillful?

Is not diagnosis, a correct diagnosis, the mainspring which keeps all the rest of the mechanism at work in harmony?

Does not the skill, the success of the physician, and the recovery or cure of the patient, or his life in the critical case depend upon the diagnostication of the case?

Does the treatment or the prognosis come first? It is true that the prognosis is often what the physician is asked about first. Will he live doctor? Can you save him? But do we give the prognosis before we at least have mentally diagnosticated the case, if not thoroughly?

Would you call a man skillful, who made a wrong diagnosis, and who went on treating his patient according to his diagnosis? Such physicians have existed, and such lave

been called skillful. Would you call a physician or surgeon skillful, who is constantly looking for cases on which he can operate, for the sake of experience in operating for appendicitis, and other diseases when none exist, or when it is not demanded?

We need a little more care at times in differential diagnosis, so as not to placard a house diplitheria for membranous croup, or to quarantine a family and deprive them of their privileges in epidemics of scarlet fever or measles for a bad case of eruption or eczema, the symptoms of which may be closely allied to, or strongly resemble one of these contagious diseases, or as in a case which happened not many years ago where I was located, where the family was quarantined for a contagious disease, but where only one child was sick, and that for only one day, so but that it was playing about the house all the rest of the time, but the house was placarded for nearly a month, while the physician made only one or two visits.

Another case with which I am familiar, where a physician of experience treated a case of tumor for three months, he was unable to reduce it, it kept increasing in size, until he finally carried the patient eight or ten miles to another physician's office for consultation, when he told the family physician he didn't think an operation would be necessary or safe, that if he would wait about six weeks longer, the woman would be relieved of her tumor, by the birth of a child. These and other cases which have come to the knowledge of us all, and which might be enumerated, ought to enable us to be very careful in our diagnosis, and to strive to become the best diagnosticians, it is possible for us to be.

And among other things, we as professional men, in the 20th century, should strive to leave behind us the jealousy and bickerings which have crept into our midst and which have been so detrimental and injurious to us, both as to our reputation and influence in the community, and strive to cherish fellow-feeling, good will, and brotherly kindness in the best and highest sense,

toward each other, and then harmony will prevail amongst us, instead of being jealous of our brother's work, and striving to get the Almighty dollar from him, or easting innuendoes against his reputation for our especial benefit, or by cutting each other's throat in consultation, either by word or manner, which will induce the family to drop him, and by our impression to transfer their patronage to us, who can treat them so much more skillfully, and hence so much the more successfully.

I think it is a fact, but nevertheless to be deplored, that our moral and professional standard has been lowered, to some extent. And if this is a fact, and knowing it to be such, ought we not to make an effort to strive to correct, to elevate our moral and professional standard to such a plane that the people will appreciate our efforts, our labors and skill to such an extent as to employ us in perfect confidence.

#### Not In It.

525252525252525

He has no enemies, you say,

My friend, your boast is poor.

He who hath mingled in the fray

Of duty that the brave endure

Must have made foes.

If he has none

Small is the work that he has done.

He has hit no fraud upon the hip;

He has shook no cup from perjured lip;

He has never turned the wrong to right;

He has been a coward in the fight.

-Texas Health Jour.

#### A Case of Chronic Rheumatism.

By L. B. Smith, M. D., Hornellsville, N. Y.

Six years ago I had synovitis of the right knee joint following an injury from which I was confined to the house for several weeks, but finally recovered with slight stiffness. In January, 1897, the same knee began to enlarge, which gradually increased until it was at least half as large again as normal. Before this time arrived, the left knee, left ankle, left wrist, right elbow and right jaw became affected, the latter becoming so bad until I could not place a teaspoonful of food between my teeth. I sat in a wheeled chair for twelve weeks, during which time I lost flesh and appetite, while sleep was almost out of the question, excepting at short intervals. Before these conditions appeared, my urine was loaded with uric acid, and despite all remedies and treatment, could not get rid of it. Being a physician myself, in practice since 1875, I tried everything known to me, and a great many remedies recommended by my brother physicians, but the conditions remained the same, gradually becoming worse. In October, 1898, I was forced to quit work, and went into the Steuben Sanitarium, where I commenced the use of baths, electricity and massage, as well as medicines, following the same for several weeks. While I improved in some respects, the uric acid condition remained the same. When I commenced to take thialion, my strength was almost gone, and to all appearances I was booked for another world. One day, Dr. Walker, superintendent of the Sanitarium, called my attention to an article published in a medical journal, calling attention to the use of thialion in chronic rheumatism, and as it did not bear any symptoms of being a fake preparation, I told him to get me some that I might try it, as I knew of no better subject to experiment on than a doctor. In forty-eight hours my urine was alkaline, an

almost inconceivable result. After a few days I only took one dose a day, viz., a teaspoonful in half a glass of hot water, and I just balanced the urine from slight acid in the morning to slight alkaline at night. In a short time my joints began to decrease in size, and I continued to improve. In July, 1899, I went up in the Catskill Mountains, remaining for six weeks for my general health, which did me worlds of good, and I returned to my home on September 1st, a new man. I then commenced my practice again, and have continued to improve, until now I am as well as ever, except a little stiffness of the right knee, which is steadily improving. I still take a little thialion occasionally, as a preventative, as I have had all the uric acid deposits I want in my joints. I weigh now within five pounds of as much as I did before this attack. I never had rheumatism before, and do not expect to have it again. I have used thialion in many cases since, in my practice, with equally good results, sometimes varying the treatment to meet the conditions of the patient. One mistake in all such cases, is that they do not take the medicine long enough, for it has to remove the deposits through the blood, by the alkalinity mentioned. Thialion certainly did for me what no other remedy did, (I took everything else, lithia in all other forms gave no results whatever, before taking this preparation.) As this is put up only for physicians' prescriptions, I can most certainly recommend it to their use.

# The Non-surgical treatment of Hemorrhoids with Clinical Reports.

By Eugene C. Underwood, M. D., Louisville, Ky.

In a large surgical practice, I have had a great many patients apply to me for relief from Hemorrhoids but who insist that the treatment must consist of a purely non-surgical means. In fact it is not infrequent to have these patients tell us that they have been operated on, and despite this the piles have come back, and are now the burden of their lives.

The demand for a non-surgical course of treatment that promised to give good results has led me to study this subject as thoroughly as I could. In looking up the literature of this subject one will find that a great many able writers on the practice of medicine have a chapter on Hemorrhoids. Loomis and Strumpell may be mentioned as writers of great prominence who advocate, and advise non-surgical means as fitting in appropriate cases.

Conversation with prominent practitioners has confirmed me in the belief that we not only have a great many who use other than surgical treatment, and that many do not contemplate surgical interference and still at the same time have great success.

The treatment of Hemorrhoids in order to be successful must comprehend such dietary and medicinal measures as will remove the cause. The patient must use such a diet course as will leave a residuum in the alimentary tract. Concentrated foods are to be studiously avoided. Such a diet as is usually put down in works on dietetics—also take regular and systematic exercise.

Diet and exercise may be regarded as means which cannot be dispensed with, if we would attain satisfactory results.

I only give remedies internally which assist along with the diet in correcting the associated constipation.

As a means of bringing about a cure of the hemorrhoidal condition I rely upon Glyco Thymoline (Kress). This I have injected into the rectum every two or three hours with a syringe. The agent is very soothing to the mucous membrane and rarely failed to give relief and of the promptest kind. When there are hemorrhoidal tumors protruding from the margin of the anus I have them covered with absorbent cotton and kept wet with Glyco Thymoline (Kress). This measure I have found not only to allay pain, but the Hemorrhoids lost their identity very soon, and the patient would be seen on the street.

One of the worst cases which I have treated for some time was on my list two weeks ago. She had been confined to her bed for a week. On the regular employment of Glyco Thymoline (Kress) she experienced relief in a few hours and rapidly got well.

By the treatment advocated above, I have cured a great many cases of piles and never have I had to resort to surgery in any case. I am frank to say that most all cases seen in practice, will yield readily to this treatment, and I regard it as the best treatment in the reach of the profession. It has the merit too of being a pleasant treatment.

Case I.—Mrs. P.,— aged 37. This woman had been confined for four days with piles. She suffered so greatly that it was impossible for her to sit or stand; she had internal Hemorrhoids and some protruded from the margin of the anus. Two ounces of Glyco Thymoline (Kress) was injected beyond the spincter ani, and absorbent cotton kept wet with the agent was put on the protruding piles.

On this the patient obtained relief in an hour or so, and when I called the following afternoon I found her up eating supper; she had now no pain. The remedy was used every six hours for the next twenty-four hours, and the patient is now well and in vigorous health.

CASE II.—This patient was a man forty years of age, who had suffered at intervals for several years with piles. He wanted

to know whether I could give a treatment non-surgical in its nature that would cure him. I told him I thought I could, provided he would adhere to a corrected diet and take exercise. He was given the Glyco Thymoline (Kress) treatment as in the above case, and he adhered to the diet and took a sufficiency of exercise. This patient made a rapid recovery, and has no return of hemorrhoids in over a year.

CASE III.—This lady had suffered with constipation and piles for several years—in fact since beginning to teach in the public schools. On a corrected diet, regular exercise and Glyco Thymoline (Kress) used as in the other cases this patient made a quick recovery. She has gone two years without an attack of Hemorrhoids, and has greatly improved in general health.

There is no local application which is so curative to the mucous membrane as Glyco Thymoline (Kress).

## The Prophylaxis of Gastric Ulcer.

Conical ulcers are found in the stomach and less often in the duodenum and lower end of the esophagus, parts frequently bathed in gastric juice. Hence, says the editor of the Medical News, some change in this fluid must be the underlying predisposing cause of this type of ulcer. The immediate causes can be guarded against, and are chiefly anemic and subseptic states, the latter term meaning a condition in which septic material finds its way in small amounts into the circulation from a purulent focus somewhere in the body. It is important at such periods to warn patients of their danger and to give precise directions for the avoidance of local irritation. Small, sharp pieces of candy, bread crusts, spices, pickles and superheated food should be excluded. Coarse food, such as raw apples, or insufficiently masticated food must be carefully avoided, and at no time should the patient indulge in a large meal. In general it is better to eat five or six times a day, thus precluding too hearty meals. Leaning against a sewing machine or a desk for hours is sometimes sufficient to depress the already sluggish gastric circulation so as to initiate an ulcer.

- Denver Medical Times.

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#### EDITORIAL.

## The American Congress of Tuberculosis.

A meeting which we believe is bound to make an epoch in the struggle of humanity against the "Great White Plague" is that of the American Congress of Tuberculosis in May, gratifying to note the great interest that has been awakened in the subject of tuberculosis not alone throughout the medical profession but in every rank of the laity. Christendom has been cursed long enough and the clear lights of science and intelligence are gradually but none the less surely dispelling the fearful shadows of this terrible disease. The untiring efforts of the Hon. Clark Bell and his collaborators in New York City bid fair to accomplish a world of good in making this forthcoming meeting a fitting twentieth century success.

Following is the official announcement:

It is announced that the second annual meeting of the American Congress of Tuberculosis will be held at the Grand Central Palace, in the City of New York, on the 15th and 16th days of May, 1901, in joint session with the Medico-Legal Society of New York. That a dinner will be given to the members and guests. It is proposed to open a Museum of Pathology, Bacteriology and Public Health, with an exposition of electrical and other instruments; with the use of the power furnished at the building, which it is intended to be made most complete, educating and attractive; of all appliances used in any way in arrest or treatment of the disease.

The leading manufacturers have enlisted already, many of them, and the display will be on an extensive scale. The objects of the Congress will be to exchange the information and experience gained throughout the world, as to forces and methods most available for the extermination of consumption, which at the present moment is a disease, the most destructive of human life of any that now afflicts humanity.

The medical profession of all countries will be invited to contribute papers to be read before this Congress, in their behalf by a committee selected for that purpose; in case of the inability of the author to attend; and to enable those who could not hope or expect to be present, to participate in the work and usefulness of the body. As the questions to be discussed involve remedial legislation, legislators, lawyers, judges, and all publicists, who take an interest in the subject, are also invited, both to enroll and contribute papers.

The papers should be forwarded to the Secretary on or before the 15th day of April next, and the title of the papers forthwith, to facilitate classification, as the time is short. The enrolling fee will be \$3, entitling the members to the Bulletin of the Transactions free.

The complete list of officers and committees will be announced as early as possible. The preliminary announcement is

now made to obtain the names of those who will co-operate in the Congress, and an early classification of the subjects and titles.

The governors of the American states and territories, and of the Dominion of Canada, have been invited to send three or more delegates from each state or province.

The presidents of the South and Central American Republics have been invited to send delegates, and to take an active part in the work of the Congress, and the ministers of these Republics at Washington, to designate representatives from their respective countries, and also to furnish information as to the progress of the disease, and what action in the way of preventive legislation or medicine, has been taken to avert it.

The Congress has taken the entire, large, lower floor of the Grand Central Palace for the occasion, with a space for exhibitors of nearly 200 by 200 feet, with committee rooms on the other floors, and the exhibition of electrical and surgical instruments, and the clinical work relating to the disease, will be illustrated by a display we hope may excel any before made in this country.

Contributions from boards of health, hospitals, and the collections of the government, will be allowed to be shown in the museum that is hoped to be large and impressive.



# 

Some Suggestions on the Manner of Using Protargol.—Having passed the experimental stage, it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrheal affections, it has to a great extent displaced nitrate of silver in diseases of the eyc, ear, nose and throat. To obtain uniformly good results attention has been lately drawn to the importance of exercising proper care in making the solutions, a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only cold water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark colored yellow bottles. In acute gonorrhea the average strength of the solution ranges from one to ten grains to the ounce; in chronic urethritis, up to thirty grains; in diseases of the eyes, ears, nose and throat, ten to sixty grains; as an application to wounds and ulcers, one or two per cent. solutions and five per cent. ointments are in use. Unlike nitrate of silver, protargol does not stain the skin even in concentrated solution. The

solutions commonly employed in gonorrhea also do not produce stains of the clothing, or if they do, only cause slight discoloration, which can be easily removed with warm soap water. The much stronger solutions of twenty to fifty per cent. sometimes leave behind brownish-yellow stains on the clothing; if recent, they can be removed with soda and ammonia; if old, by the action of peroxide of hydrogen in the presence of ammonia.

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Music in the Treatment of the Insane.—It is reported (*Philadelphia Med. Jour.*) that the authorities of the Manhattan Asylum, Ward's Island, are now making systematic experiments with the music cure, and have thus far treated a dozen or more patients afflicted with melancholia, giving them concerts an hour long each afternoon with the harp, violin and piano for instruments. They report after a month's trial that improvement is shown, and that patients suffering from acute mania and hallucinations show more mental alertness and cheerfulness, and that one patient has been assisted almost to recovery by the strains of the violin alone.—*Med. Times*.

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Home Treatment for Consumption.—Osler believes that the arrest or eure of tuberculosis is a question entirely of nutrition, and the object of any treatment is to improve the physical condition of the patient that he can successfully withstand the attacks of the disease producing organisms. He advises that the patient spend a great deal of time in the open air, or if this be not possible, in a room with a southern exposure, with the windows wide open. The patient should be gradually accustomed to sleep with the windows open. As large quantities of good nutritious food as can be digested should be given; even overfeeding and stuffing should be practiced. Raw eggs are recommended, beginning with three per day and increasing one each week until one or two dozen are taken per day.

He reports the ease of a young woman who had well marked tuberculosis; her grandmother and two of her father's brothers had died of this disease. For more than a year she had had fever, had lost much in weight and had profuse night sweats. There were signs of extensive disease at the right apex. was given special rules as to food and directed to spend most of the day in open air, even when the weather was very cold. She began with three raw eggs per day and gradually increased to fifteen per day. Other good nutritious food was used with the At the end of eleven months she had gained twentythree pounds and the cough and fever had disappeared, though there were still some moist rales at the right apex. cine was given except a cough mixture part of the time. Osler concludes with the following remark: "A rigid regimen, a life of rules and regulations, a dominant will on the part of the doctor, willing obedience on the part of the patient-these, with the conditions we have discussed, are necessary to the successful treatment of pulmonary tuberculosis."-Public Health Journal.

Light Therapy and Electric Light Baths.

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—Dr. Max Heim says that the influence of electric light upon the activity of the cells and the increased metabolism is absolutely proved. Chlorosis and anæmia, rheumatic affections, gout, obesity, neuralgias, colds, multiple sclerosis, tertiary syphilis, arthritis defosmans and neurasthenia have all been favorably influenced, partly through beneficial blood changes and in part by heightened metabolism. Psoriasis and allied skin diseases have likewise benefited under the light treatment. He says the treatment should, however, not be used alone, but in combination with general therapy.—Boston Med. and Surg. Jour.



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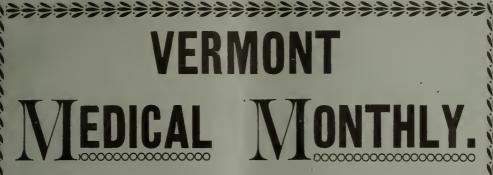
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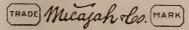
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#### **HEMIANOPIA.\***

By A. T. M. Chisholm, M. D., Bennington, Vt.

In the following paper I purposely refrain from the intimate consideration of those cases of Hemianopia where this appears as a symptom of hemiplegia or meningitis or embolism of the retinal arteries, and restrict myself to the discussion of the functional form which often prevails even in the midst of structural lesions in the brain. Nettleship, for one, regards every case of Hemianopia as symptomatic in cerebral disease, and refrains from recognition of the functional form. That this is not the case I shall, among other things, endeavor to show.

The name Hemianopia has very properly replaced that of Hemiopia, suggested first by Wollaston, inasmuch as the peculiarity of the condition consists not in the fact that you can see half an object, but in the converse one that there is a half that you cannot see. This invisible area is usually the lateral half of the visual field.

The condition is by no means rare, but its onset is so unexpected, its continuance so brief and its most interesting symptoms so fugacious that the patient fails to note and the physician to

<sup>\*</sup>Read before the 87th annual meeting of the Vermont State Medical Society.

discover one of the most suggestive of morbid phenomena, while brief allusions in the text books and scanty notices in the medical journals are all that the most painstaking industry can unearth from the written records.

A typical case from my note-book may serve as a text for what I shall have to say concerning it. Case I. A student while preparing for June examinations often went without his dinner that he might have an extra hour for study. One day he had occasion to get a book from a bookcase, so he arose and walked across the room, but when he looked for his book he found that the left half of the title had disappeared completely as he looked at it. Some confusion of vision had preceded this but he ascribed it to fatigue, and applied himself the more closely to his work. Now, however, he walked back to his seat and experimented with himself. He found that with either eye open the defect still occupied exactly the left lateral half of the visual field. After a few minutes he noticed a flickering like the undulation of heat waves, which began at the vertical border of the obscurity and rapidly extended until the whole blank half of the visual field seemed in rapid motion. No words or objects of any kind appeared through this wavering obscurity. The flickering lines undulated rapidly, tremulous; some were green and some yellow. All were luminous, and as distinct on closing the eves as on opening them. On passing through the street the right half only of the shop signs could be seen. The people had only half faces. He continually jostled persons whom he could not see. They were at his left side; they were invisible. The flickering increased steadily for about half an hour, at no time passing the vertical axis of vision. Then it began rapidly to abate and an intense supra orbital pain supervened. In an hour the visual field was again clear, but objects were confused and accommodation for near objects was difficult and could not be maintained for more than a moment or two. During the attack his pulse was slow and regular, and the temperature normal. During a subsequent attack he was examined by Dr. Wadsworth, who reported his retine perfectly normal.

In Wollaston's case there were two attacks that he recorded. In the first attack there was left hemianopia, and in the second there was right hemianopia. The symptoms attending these two attacks were like those of the case I have just reported except that the second attack was abruptly terminated "by the excitement produced by the agreeable news of the happy return of a friend engaged in a dangerous enterprise." Four years after the second attack Wollaston died and the necropsy showed that the right Tubercula Quadrigemina had disappeared entirely and were replaced by a neoplasm.

The third case—from my own note book—was that of a young man of marked nervous temperament, a teacher in a public school. In this case the patient persisted in ascribing his symptoms to a dose of Cannabis Indica that he had taken for a headache. Headaches he had often had but never hemianopia. The first thing that had attracted his attention was the disappearance of the upper part of the field of vision, the lower half remaining perfectly distinct so that by directing his vision to a line that would run along the tops of the letters he could continue to read. The rest of the record of this case presents only a repetition of the appearances in Case 1, so far as he remarked them.

Of course not all cases of partial amaurosis can be called Hemianopia. Dr. Williams of Boston, however, reports a case under the title Hemianopia where the existence of interretinal fibres might be corroborated if it were not now heresy to speak of them. In Dr. Williams' case the nasal side of each retina was paralyzed. In this case near vision should have been normal within the point where the divergence of the eyes in accommodation for distant vision cause the rays to fall upon the insensitive part. This, however, was never for a moment a case of Hemianopia. It was a case of Syphilis which recovered under appropriate specific treatment.

Prof. Förster describes a case of his own where a blot of blindness occurred in the centre of the visual field, varying in place from one moment to another while it lasted but always occupying the same part of the field in both eyes.

These cases then represent all the varieties that it is necessary to dwell upon in the elucidation of our theme. Other names, mainly descriptive have been given to this condition. Prof. Förster of Breslan described it under the name "Amanrosis Partialis Fagax;" Listing called it "Flimmerskotom;" Dr. Hubert Avery named it similarly "Flickering Scotoma." All these cases present the same general appearances of the Case 1, above. The same sudden onset, the same visual phenomena, the same sequelae of nausea, marked physical and mental exhaustion and a hemicrania which lasted 12–24 hours.

Of course necropsies are not to be obtained upon such cases as are unassociated with organic changes and one must accept with caution conclusions drawn from such cases as have presented these appearances and have terminated fatally. The result of the necropsy in the case of Wollaston showed that the right natis and testis were replaced with a tumor. He had as you remember first left and then right Hemianopia. In a case reported by Dr. E. H. Linnell of left Hemianopia the necropsy showed a large firm coagalum in the medullary substance of the right hemisphere surrounded by a thin envelope of softening. The right Tuberenla Quadrigemina were also the seat of softening.

Dr. J. Hughlings Jackson also reports a necropsy on a case of left Hemianopia with right Hemiplegia where he found a softened area in the right Optic Thalamus. He regarded it as remarkable that the Hemianopia should occur on the same side as the hemiplegia but it was what he should have expected inasmuch as left hemianopia means insensibility of the right half of the retina.

Why are symmetrical halves of the retinae affected? Pathology of course refers us to the origin and distribution of the fibres of the optic nerves, whose history I shall recapitulate for the purpose of making a subsequent reflection.

"Since the days of Galen," says Sir Charles Bell, "it has been a disputed point whether there is a union simply of nerves or a decussation. Fishes have the nerve arising from one side of the brain passing to the eye of the other side; they cross but do not unite. Birds have but one optic nerve arising from the brain which splits and forms the right and left optic nerves. Vesalius dissected a young man at Padua who had lost his eye a year before; at the same time he dissected a woman whose eye had been lost a long while. In the latter he found the nerve of that side smaller, firmer and of a reddish color through all its extent. In the young man he observed no effect upon the nerve. He also gives a plate of an instance in which he found the optic nerves pass on to the eyes of the same side from which they take their origin without adhering at all.

"Valverde, a physician of Spain, who traveled into Italy and studied the works of Vesalius and Human Dissection, says that at Venice he had frequent opportunities of assuring himself that there was no decussation; for robbers were punished for the first offence by losing one of their eyes, and for the second with death. Riolinus, Rolefinkins and Santorini give observations of their having traced the nerves past their union to the same side of the brain with the eye to which they belonged. Vicq d'Azyr, who of all authors I conceive to be the best authority upon such subjects, is decidedly of opinion that there is no decussation. Zin also agrees with the opinion that there is an adhesion and intimate union of substance, but no crossing of the nerves. Soemmerring deems it sufficient to point out the authorities on both sides of the question while he himself expresses no decided opinion upon it."

Sir Charles Bell himself, while evidently admiring Soemmerring's neutrality, arrays himself on the side that he advocates, and pictures the optic commissure as a mere conventionality—a superficial courtesy between the two nerves which meet, salute and pass each on his own way.

On the other hand, towards the close of the last century, Wm. Cheselden, the originator of the operation of lateral lithotomy, wrote, "The two optic nerves, soon after they arise out of the brain, join and seem perfectly united; yet I am not without suspicion of their fibres being preserved distinct, and that the nerve of each eye arises wholly from the opposite side of the brain."

The dictum of Sir Isaac Newton, however, persisted and prevailed in spite of the opinion of such renowned anatomists and surgeons. He had declared his belief in the semi-decussation of the optic nerves, and after being lost sight of for so many years it was again asserted and sustained such universal credence that it became capable of supporting the theory of purely suppositious intercerebral and interretinal fibres.

The last word has been said for the present by Thomas Dwight with whom all recent authorities, so far as I know, concnr. He says, "The question of the decassation of the fibres in the chiasma is of some practical interest to the opthalmologist. It was formerly believed that some fibres from each optic tract crossed over to the opposite side while more external ones kept to the original side; also that there are commissures of fibres between the two tracts at the back of the Chiasma and corresponding ones between the retinæ in front of it. This arrangement was expressed by a charmingly symmetrical diagram" "A few years ago Biesiadecki demonstrated as he supposed total decussation, and later other observers came to similar results. The latest and the most convincing observations by Gadden show that in Man and in Animals that have a common field of vision for both eyes there is a partial decussation, and a complete one for those animals with whom the two eyes have different fields. The anterior commissure between the retinæ has been done away with, and it has been demonstrated that the

fibres of the posterior one are separated from the chiasma by a layer of grey matter."

Gardinier, in his work on the "Anatomy of the Central Nervous system," amplifies Dr. Dwight's statement by tracing the optic nerve fibres from the retinae to the various origin of the nerve roots. In reference to the optic tract he says, "Each Optic Tract contains the fibres from the nasal half of the retina of the opposite eye and from the temporal half of the retina of the same eye."

And now happens a curious reflection which I simply suggest without taking issue in anyway with the eminent anatomists whom I have mentioned from Galen to Gardinier. I have very hastily summarized their theories and dissections, have sketched their position in respect of this matter and have shown their various and divergent beliefs concerning it. The reflection which I timidly make in passing without strenuously advocating any of its consequences, is this:

The temporal portion of the retina is stated by Gray and all authorities to occupy 5-9 of that membrane and includes the macula lutea. As we have seen the nerve of this area pass into the optic tract of the same side without decussation. But the temporal areas are the only parts of the two retinae which are capable of being directed towards a single object—the only parts therefore where a common field of vision is possible; so that it seems as if the fibres which cross at the chiasma cannot assist in binocular vision and anatomists have for centuries discussed a subject of no wider interest than the number of atoms of Hydrogen in the molecule of urea.

To what then is the perception of single objects due? It has been often said that objects would appear double to us if it were not that by the sense of touch we have corrected this impression and have learned to associate the double impression with the existence of a single object. It would seem that the touch is the most reliable of all our senses.

Cheselden reports a case where, to use his own words, "a gentleman who from a blow on the head had one eye distorted, found every object appear double but by degrees the most familiar ones became single and in time all objects become so without any amendment of the distortion."

No long argument is required to prove this. A common origin of nerve fibres is not necessarily connected with the solution for the images that fall on the two retinae are unlike as is proved by alternately considering any object with each eye separately. These two distinct images blend into a third one, a composite one, to which each normal eye contributes its exact share. It is quite immaterial whether the images differ little or widely. That they differ at all proves the perception of single objects an acquired one. The theory of central localization of ideas—for a movement is an idea that the brain imparts, as a perception is an idea that the brain receives—has its limitations and must not be expected to prove too much.

Nor is it only perceptions that are composite. An organized movement as the expression of an idea is due to the concerted action of a group of muscles. Movements of single muscles, twitches of single muscles occur only in disease. The muscles that cooperate to produce a movement as the expression of an idea may be supplied from a single nerve trunk as the flexor muscles of the forearm or it may be moved by nerves arising from different parts of the brain as in the muscles of respiration. No more perfect or beautiful illustration of this consensus of action producing a single idea can be observed than in the case of the Internal Rectus of one eye with the External Rectus of the other for the nerves supplying them arise from different parts of the brain, have no subsequent connection, go to dissimilar and non-correspondent parts and act in perfect union. It is probable that in birds, who have a distinct field of vision for each eye, this concert between these muscles is not to be observed.

We have then this statement of fact. Corresponding areas of the two retinae have become associated in the perception of single objects. Now it is true as a rule that parts that in health have been associated in function retain this connection during morbid processes, e.g., a whole group of muscles is paralyzed at a time and not any single muscle out of the group. That is to say, the idea that is represented by the group of muscles is obliterated. But perhaps no part of the body can exhibit a more delicate sympathy, founded upon identity of structure and unity of function than the two retinae. I wish I could report to you a case of Hemianopia in a cross-eyed patient, but it would unquestionably corroborate the contention that Hemianopia does not depend upon the anatomical relations existing between the fibres of corresponding areas of the two retinae, but upon their acquired unity of function. Not otherwise may all these varying cases be explained, i. e., where the obscurity passes over various and unexpected, but always corresponding areas and is seen in both right and left field of vision consecutively. Indeed the cases of Wollaston under any other explanation would present the anomalous phase of a localized lesion producing antagonistic symptoms for either right or left Hemianopia supervening on the other would change the character of both. Moreover no theory of distribution will adequately account for cases where like the second one cited, an upper or a lower part of the field is obscured.

We infer then largely that Hemianopia exists as a neurosal condition. This statement brings us in touch with a numerous company of diseases and while it is uncertain how long the medical profession may be unable to distinguish between mere derangements of function and microscopical or incipient or temporary alterations of structure, yet it is for the present convenient to consider so-called functional disorders as constituting a class by themselves. They include all cases of mere unstable equilibrium of the nervous system or of its parts.

I spoke above of the danger of regarding Hemianopia as a usual symptom of a gross structural lesion and the case of Wallaston cannot on reflection invalidate that statement, for although the autopsy showed a destructive lesion of the Corpora Quadrigenima, yet the fact that the Hemianopia was at first left and afterwards right would indicate a variable origin if it were other than a disorder of function. Moreover the termination of the second attack in a pleasurable excitement is characteristic of neuroses. A burst of tears may cut short a megrim, tickling the fauces or tying a string about the wrist has brought many an epileptic convulsion to a sudden end. Sternutatories were formerly used largely by the profession in similar cases. Indeed there is no need to recapitulate facts that are familiar to you all from almost daily experience.

But the similarity of these cures or terminations to the functional neuroses suggests other points of resemblance between them. Handfield Jones pointed out their great similarity. They are even at times mutually convertible. Epilepsy, Migraine, Asthma, Chorea, Pertussis, Angina Pectoris, exhibit this reciprocal or vicarious action. They also related on the physiological side with healthy processes and on the pathological with morbid processes not usually regarded as functional. For an instance of the last, Trousseau relates a case of migraine replaced by gout and states that the articular and the neuralgic affections often alternate in the same person and that migraine may be the sole manifestation of the diathesis in the offspring of gouty parents. Liveing notices the same convertibility between the same diseases and these observations, multiplied and extended have given rise to the conjecture that gout and rheumatism are simple neuroses at bottom. On the physiological side we have all seen cases of yawning, sweating and hiccough that have become distinctly morbid and have a right to be regarded as diseases. Anger has always been suspected to be a disease. Outbursts of temper in children often are so violent, so periodical in their recurrence, and of so trifling provocation as to resemble epilepsy or insanity to which indeed in later life they often lead. Grief, fear, surprise have all their pathological aspect. We are familiar with the indescribable cardiac oppression, the contraction of the throat and the convulsive sobbings and the passion of tears of violent grief. "The chest is dilated, the head erect and the breathing free under the influence of hope and courage;" the breath is arrested by surprise and expectation. "The heart's action becomes disordered in the palpitation of fear and expectation, tumultuous in joy and surprise, of increased force and frequency in anger and in grief it fails. There is an aphasia of passion and fear as well as of disease and a suppression of the voice in terror." The blush of modesty and shame is as pathological as the heat and flushing of anger and the collapse of terror. They all depend upon a disturbance of the nerve-balance.

It is a well known fact that the keenest appetite may be dispelled by illness and this may extend to loathing and even to nausea. Fasting has proved an effectual predisponent to attacks of megrim, epilepsy and angina pectoris and this effect has been too rapidly obtained to be due to lack of nutrition—it must be nervous—while a very little food taken at the time may have an effect far beyond its nutritive value. But strangely enough, while fasting will cause these attacks and taking food will prevent them at times, actual vomiting will relieve them rapidly. A patient remarked once to her physician: "Twenty grains of ipecac never failed to cure me of an attack of asthma within fifteen minutes. The spasm gave way with the first feeling of nausea."

One would certainly expect that of all the acts of life the exercise of the reproductive functions would properly be considered healthy, yet from the time of Hippocrates, who called the act of copulation a "short epilepsy," to Esquirol, who enlarges upon the theme and finds the two almost analogous, its true nature has been suspected. It begins to seem to me very desirable that some one should put the point of a knife between

normal and morbid processes so that sanity and insanity may be distinguished and the conclusion may not be logically reached that the only healthy man is like the only good Indian—a dead one.

A few words in closing about hemianopia which I have for a moment neglected to ramble through cognate fields. Right hemianopia is much more troublesome than left, because we read from left to right. The prognosis in any case of functional hemianopia is of course good, but its recurrence is probable under the conditions that primarily induced it. Like all neurosal conditions, it usually makes it initial appearance at one of the epochs of life, viz.: that of puberty or the uncertain and anxious period which marks the entrance upon the active duties and responsibilities of life.

From the ophthalmoscope nothing is to be learned, Prof. Föster and Dr. Wadsworth alike report no retinal ischaemia. On the contrary, one of my patients had just taken a dose of Cannabis Indica, which drug produces well marked retinal congestion.

I am confident that this condition is by no means a rare one and I do not doubt that many of our patients who suffer from hemicrania could, if sufficiently observant, tell us amply corroborative tales of its neurosal nature.

October 9, 1900.

#### Local Anaesthesia in Haemorrhoidal Operations and all Varieties of Minor Surgical Work.\*

By O. W. Green, M. D., Chicago Ill.

Since there are so many people suffering more or less with hæmorrhoids, and since orificial operations along that line have been performed only under general anæsthesia, we desire to call attention to the fact that we have formulated a method by which hæmorrhoidal operations are painlessly performed without the aid of general anæsthesia. The operations are rendered painless by using the local anæsthetic "Acestoria."

Our method of operating on hemorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boracic acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with "Acestoria" until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after injection, and sometimes not at all. It depends upon the condition and location of the piles.

With hemorrhoidal forceps, or Pean's artery forceps, pick up each tumor at its center, and turn it out.

We generally use the clamp method when possible. Use Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps which were left hanging to them, each by turn is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of clamp.

Published by The Madical Times and Register of Philadelphia, Pa;, for February, 1901

Remove clamp and cut tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hæmorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, one part of the former to five of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is two fold: It is the safest and best germicide and hemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As addressing we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerine saturated with ozone, a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass pointed rod, dipped into 95 per cent. carbolic acid.

To anæsthetize the ear and stop earache, incline the patient's head to one side and drop into the ear about five drops of "Acestoria," or sufficient to fill the external meatus.

Use "Acestoria" hypodermically in all cases where incisions or excisions are to be made, such as operations on ingrowing toe nails, removal of splinters from the flesh, opening boils, abscesses, carbuncles, etc.

#### Thurber Medical Association.

At the May meeting, which was held on the second instant, the principal paper was on the uses of Calcium Sulphide, by Dr. Wm. L. Johnson of Uxbridge.

The doctor is an enthusiast on this subject, and delights in finding new uses for his favorite drug. The general indications for its use are: (1) In all suppurative diseases, where its action is, if given early, to prevent, and if given later, to hasten the occurrence of suppuration, while at the same time it lessens the amount. (2) In all zymotic and septic diseases, which are more easily controlled and less fatal when this drug is administered from first to last.

(3) In catarrhal diseases of the lungs, where the cough is difficult, and the sputum scanty, viscid, tough, or putrescent.

In gonorrhoea and gleet, it should be given in large doses. As an anophrodisiac, Dr. Johnson recommended it as far superior to the bromides.

The dose recommended varies in different cases and subjects, from one-sixth of a grain four times a day, to one-grain doses six or seven times a day. In some cases the stomach will bear only the smaller doses. An important matter is to obtain a reliable preparation. Many of the tablets on the market are worthless.

#### The Relief of Pain,

By Edmond John Melville, M. D. C. M., Bakersfield, Vt.

The old style doctor with his decoctions, infusions and herb teas is fast disappearing and in his place we see the 20th century physician who not only cures his patients but cures them promptly and palatably. The doctor who relieves a belly-ache in fifteen minutes leaves a more favorable impression upon his patient than if he had steered the same patient through a 4 weeks attack of typhoid fever. It has been my custom when called to a case where there is acute mental or physical suffering to prescribe Papine in doses gauged to the age and condition of the patient. My reasons for this are fourfold. 1st, It is palatable and easily borne by the most delicate stomach. 2nd, It has all the good qualities of morphine and the coal tar preparations without their deleterious effects. 3rdly, It does not lock up the secretions and is rapid in its action. Lastly, no drug habit is formed by its prolonged administration. The following cases are fair samples of the results obtained from its exhibition:

Case 1. Mrs. H. A., aged 33. Saw her for the first time at 10 A. M. March 2nd, 1901, during her fourth attack of appendicitis. Had been ill 4 days but delayed calling a physician as she dreaded the inevitable nausea produced by morphine. Pulse 118. Temperature 101.5, severe pain over McBurney's point. Could detect dullness at the centre of a triangle whose angles were the umbilicus, pubis and crest of ilium. Bowels constipated. Patient vomited constantly and was in a condition of great prostration. Applied turpentine stupes over seat of pain. Gave fluid drachm of Epsom salts and a teaspoonful of Papine repeated every hour till pain ceased. Second visit at 10 P. M., pulse 98, temp. 100. Bowels moved freely at 3 P. M. Vomiting ceased. Uneventful recovery in 10 days where the other attacks treated by morphia lasted 3 weeks.

Case 2. Mrs. E. H., aged 28, childless. Family history good, neurotic contracted morphine habit Feb. 1900 during a severe at. tack of peritonitis. Saw her Nov. 2nd, 1900. Bowels constipated. Complete anorexia. Sallow complexion. Very melancholy except when under the influence of drug. Used 8 grains daily hypodermically. Sent me by family physician to remove her from sympathizing friends while being weaned from her morphine. Gave cathartics and tonics and substituted strych, sulph. for morphia sulph, to be used hypodermically when absolutely necessary. Gave Papine when patient became very restless, in teaspoonful doses, frequently repeated. This line of treatment, combined with a good deal of will power on the part of Mrs. H., resulted in a complete recovery in 4 weeks. Saw patient April 4th, 1901, for a minor ailment and was informed that she left off Papine in Jany. 1901. She has gained 20 lbs. in weight and is free from any of her old desire for the drug.

Case 3. Miss N. L., aged 48. Saw her first July 6th, 1899. Patient always in feeble health. Was rachitic, and usual weight but 90 lbs. Ill 3 weeks with diarrhea and vomiting accompanied by aviolent tenesmus of bladder. Had been treated in the usual way by another physician, but without relief of any of the symptoms. Was on verge of collapse. Pulse weak and thready, 140 per minute. Temp. 96.5, unable to take any nourishment or medication. Bowels, bladder and stomach irritable and contracted, spasmodically casting off mucus mixed with blood and their normal contents many times in the 24 hours. Prescribed strych. and atropia hypodermically, gave Papine in 30 minim doses, quickly increased to a teaspoonful every hour, and remained to watch the effect. Stomach refused first dose but retained succeeding ones. Applied hot applications to the body and massaged with cocoa butter and bathed thoroughly in hot alcohol. Gave milk and lime water in small quantities, frequently repeated. In 12 hours patient rallied somewhat, and thereafter her gain was rapid. Continued hypodermics of strychnine and atropia and teaspoonful doses of Papine every 4 hours for next week, and gradually increased the nourishment till at the end of the second week patient began to take semi-solid food. Close attend, ance and good nursing restored her in four weeks to as good health as usual. I wish further to say in regard to the above case that immediately after the Papine was given I noticed the following: The pulse beats were lessened in frequency and were of fuller volume; the temp, rose to 97.5, and the respiration became slower and less jerky. The skin reddened as the spasm of the capillary circulation was relaxed. The tenesmus of bladder and rectum was quickly relieved. This condition lasted until the effects of the drug began to wear off, when repetition was necessary, yet when health was restored the patient experienced no bad results from its discontinuance.

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Human Tears a Remedy.—A physician who has recently returned from Persia, says that the natives still believe that human tears are a remedy for certain chronic diseases. At every funeral the bottling of mourners' tears is one of the chief features of the ceremony. Each of the mourners is presented with a sponge to mop off the face and eyes, and after the burial these sponges are presented to the priest, who squeezes the tears into bottles, which he keeps. This custom is one of the oldest known in the East, and has probably been practised by the Persians for thousands of years. Mention is made of it in the Old Testament. The physician did not state just what diseases are supposed to be cured by these gathered tears, nor how they are to be applied as a remedy; but it is a curious fact that this old custom of ages past still prevails in certain parts of Persia today .- Rev. Pract.

#### The American Congress of Tuberculosis.

The Second Annual Meeting of the American Congress of Tuberculosis was held in joint session with the Medico-Legal Society, May 15 and 16, at the Hotel Majestic. A large number of delegates and members were present, nearly all of the South American countries, the provinces of Canada and the various States of the Union being officially represented.

Many valuable papers were read and ably discussed by those in attendance.

Dr. H. D. Holton of Brattleboro, Vt., was elected the President of the Congress and Vice-Presidents were appointed from every State and country. Hon. Clark Bell of New York City, President of the Medico-Legal Society, was elected Secretary.

Many valuable ideas along the line of preventive legislation were suggested and discussed, and the consensus of the meeting seemed to point to education and legislation as the most available means of preventing the spread of tuberculosis.

Following are abstracts which appeared in the Associated Press dispatches for May 15th and 16th:

#### FIRST DAY, MAY 15.

Radical measures for the prevention of consumption were advocated yesterday at the opening session of the second annual American Congress of Tuberculosis held in the Hotel Majestic. There were delegates present from nearly every State and Territory in the United States and from Canada, Central America and some South American countries. The convention is under the auspices of the Tuberculosis Congress and the Medico-Legal Society of this city.

One physician, the delegate from West Virginia, went so far as to declare that doctors should not try to prolong the life of hopeless consumptives, but should give a course of treatment that would make the patient comfortable, even if it shortened his life.

The congress will work chiefly to attain two purposes:

First—The best method for checking the spread of consumption.

Second—Legislation that will put the method decided upon into actual operation.

Free State Sanitariums for consumptives is one of the measures most generally favored by the delegates.

Clark Bell, of the Medico-Legal Society, in his address of welcome said to the delegates:

"The subject which we have met to discuss is one of the most profound importance in modern forensic medicine. The simple statement of the known fact that this fearful disease causes the death of more persons than all other diseases combined is enough to demonstrate the import of this subject.

President A. M. Bell, of the Tuberculosis Congress in his annual address said:

"Individuals, communities and States will make liberal appropriations for horses and cattle and to help along dog shows, but refuse aid for air and sunlight, or for draininge of a marsh which sends forth emanations positively dangerous to the public health."

Dr. Pryor, of Buffalo, gave some figures of the ravages of the disease in this State, which astounded the convention, saying:

"Fourteen thousand people die from consumption in this State yearly. The death rate is forty per cent., and seventy-four per cent. of them could be saved if the patients were taken in charge by competent physicians, when the disease was in an incipient stage.

"The consumptive is generally not cared for at all. People with other diseases may go to almost any hospital, but the consumptive goes only in the last year, to die. The rich may go to a sanitarium, but the poor must die. It is about the only disease which causes a man to die simply because he is poor."

Extreme measures for the prevention of the disease were proposed in a paper by Dr. C. F. Uhlrich, of Wheeling, W. Va. He said:

"In regard to confirmed consumptives who have passed the years of childhood, and for whom there is no hope of recovery, I am going to say something that may be stigmatized as unfeeling and cruel. But, on the principle of the greatest good to the greatest number, I regard the idea as humane.

What I want to suggest is this: In every case of confirmed and hopeless tuberculosis, desist from all efforts to prolong life, devoting your entire energy to making your patient as comfortable as possible, even if the means employed should have a tendency to shorten life.

"For if you lengthen out the span of a miserable existence, permitting the unhappy being to marry and send out into the world an infected progeny to increase the aggregate of suffering in geometrical progression until the earth is filled with pale, emaciated, unhappy, useless men and women, do you feel that you have accomplished a humanitarian work?"

Dr. J. Mount Bleyer, in some remarks, declared that milk from infected cows was responsible for much of the disease. He created some amusement by advocating legislation prohibiting the sale of milk altogether. He particularly opposed the feeding of milk to infants, invalids or consumptives.

Dr. S. H. Weeks also spoke on the danger from infected animals and declared that statutory measures should be taken to prevent the disease in all animals which contribute to the food supply.

Wyoming sent no delegate to the Congress, her Governor writing that consumption was practically unknown there.

#### SECOND DAY, MAY 16.

The American Congress of Tuberculosis and the Medico-Legal Society opened the second day of their joint session at the Hotel Majestic at eleven o'clock this morning, with the reading of a number of addresses on topics connected with the general subject of tuberculosis. Among those who read these addresses were Dr. E. T. Barrick of Toronto, Dr. H. E. Lewis of Burlington, Vt., and Hon. Moritz Ellinger of this city. This afternoon there will be a discussion, with a view to the adoption of some resolution recommending that particular legal measures be taken throughout the country to help stamp out this disease.

Dr. H. Edwin Lewis of Burlington, Vt., read the first paper of the day on "The Development of Tuberculosis in the Individual." In his paper Dr. Lewis said:

"It is true that at present we are groping in the dark, but every observer, great and small, is helping to dispel the shadows by adding his particular ray of light. Thinking men, honest in every sense of the word, realize that the facts essential to the ultimate conquest of tuberculosis lie behind the phenomena which occur when the tubercle bacillus enters the living organism, and perhaps before. The successful treatment and cure of tubercular conditions must be based on more accurate knowledge of the infective agent and the development of its characteristic lesions in the human body. For years the hereditary factor in the development of tuberculosis has held great importance. But latter-day investigation and more intimate knowledge of cause and effect have modified the theory of heredity to a marked degree. To-day we know that direct transmission of tuberculosis from parents to offspring is a rare occurrence, and never takes place except by infection during pre-natal life. This is the only tenable remnant of the theory of the direct hereditary transmission of the disease.

The development of tuberculosis in the individual is the result of a coincidence of not one but of several conditions.

Those conditions are first: a potent tubercular infection depending for its potency on a certain degree of bacterial virulence; second, a certain negative chemic or histologic condition of the lymph nodes resulting from hereditary tendencies or circumstances of environment which fails to arrest or inhibit the growth and systemic ingress of potent tubercle bacilli; and third, a retrograde metamorphosis of structural cells in some part of the body (more often in the lung) from trophic, traumatic or toxic influence which favors the local growth of the invading germ.

Hon. Moritz Ellinger, former coroner, and secretary of the Medico-Legal Society, followed with a paper on "Hygiene in Bible and Talmud and Sanitation in Post-Rabbinical Times." He said in part:

"The fact is well established that tuberculosis is largely due to the transference of the germ from the meat and milk of diseased animals. Before modern hygienic regulations ever insisted upon the introduction of any mode of inspecting the meat of animals previous to its offer in the public market for consumption, the Jews had made it obligatory upon those who were authorized to perform the slaughtering of animals to examine closely and carefully the carcass, to see whether the lungs were sound, whether the vital organs were free from disease, so that health was not endangered by the consumption. The Talmud, a work, the reduction of which has been completed some 1,600 years, contains extensive treatises on the subject and discloses a wonderful knowledge of the anatomy of the animal.

"Of course, in a short paper like this I cannot enumerate the many laws which were enacted by Bible, Talmud and post-Talmudical rabbis, but for the preservation of health a close examination of these laws and their embodiment in a treatise would furnish many a valuable hint, even for guidance, and the miracle of the preservation of the Jews through all the ages, with the preservation of energy and high intellectuality, may be found in the observation of their ancient laws of hygiene."

#### The Vermont Medical Monthly.

A Journal of Review, Reform and Progress in the Medical Sciences.

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#### EDITORIALS.

#### Notes of the American Congress of Tuberculosis.

It was a noticeable fact that while the members from away as well as the delegates to the Congress were prominent and representative members of their profession and locality, the members present from New York City, with a few important exceptions, were very far from representing the New York profession. The local leaders of the medical profession were indeed, conspicuous by their absence. That this was so cannot but be regretted for the presence of a goodly number of representative New York medical men was all that was needed to make the meeting the most important assembly of scientific men the year 1901 will see. The meeting was a thorough success, just the same, and the men who were not identified with the Congress were the greatest losers.

As always happens in a meeting of scientific men, the ubiquitous crank was in evidence. In this particular instance he assumed the right of attacking all established medical facts. In a paper which could only emanate from an unsound and illogic mind, he denied the infectivity of tuberculosis, the contagiousness of small pox, and all accepted methods of their prevention and cure. Floods of vituperation and a tirade of recrimination for the shortcomings of the medical profession made up the substance of his paper, which by almost unanimous vote was relegated to the oblivion it deserved. But the poor man was more to be pitied than censured. Mental conditions as depicted by those of his class, are truly pitiable and should inspire sympathy rather than disgust. The "Yellow Journals" gave him an uncnviable amount of free advertising, ready as they always are to exploit the opinions and actions of the perverted. But we shall not publish the name of the poor wretch for it would carry no weight and we do not care to assist in any way in pulling him from the depths of nonentity to which he properly belongs.

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Several men stood out prominently in the various discussions of the meeting, among the leaders being Dr. Louis Leroy of Nashville, Professor of Pathology in Vanderbilt University. Dr. Leroy although a young man, showed himself a thoroughly progressive scientific man, fully abreast of medical knowledge, and with an ease and method of expressing himself in public discussion that charmed and edified his hearers. He has a bright future ahead of him.

Dr. H. D. Holton of Brattleboro, Vt., as President of the Congress, made an admirable presiding officer. He steered the business and discussions of the various sessions with rare tact and skill and many expressions of approval were heard for his ability. Dr. Holton is recognized all over the country as one of the most solid members of the American medical pro-

fession. He truly represents the ideal medical man, finely equipped mentally, progressive in knowledge, conservative in expression, but above all an honest God-fearing gentleman.

Clark Bell, was of course the moving spirit of the whole meeting. To him more than any other one man is due the great success of the American Congress of Tuberculosis. The enormous amount of labor which Mr. Bell threw into the project told in the results obtained. Every member and delegate present felt the sincerest gratitude and admiration for the man whose executive ability and broad spirit of philanthropy could bring to a successful focus an assembly of scientific men so laudable in its purposes and so far-reaching in its results.

Other men who left an imprint on the Second Annual Meeting of the American Congress of Tuberculosis were Dr. T. D. Crothers, who is known wherever the English language is spoken for his researches on inebriety; Dr. E. P. Lachapelle of Montreal, President of the Provincial Board of Health, one of the foremost sanitary workers on the American continent; Dr. J. M. Emmert of Atlantic, Iowa, a close student and an earnest speaker; Dr. J. Mount Bleyer of New York city, who knows all that is worth knowing in regard to electricity and its use in disease; Dr. C. K. Cole of Helena, Montana, a solid medical man; Hon. Moritz Ellinger of New York, ex-coroner and ex-secretary of the Medico-Legal Society; Dr. J. H. Pryor of Buffalo, an earnest and convincing speaker; Dr. J. I. Gibson of Denison, Iowa, State veterinarian and one of the best speakers and best informed men attending the meeting; Judge Abram H. Dailey of Brooklyn, a jurist of note; and Dr. W. C. Woodward of Washington, D. C., Health Officer of the District of Columbia and a young man who is winning high laurels in his chosen field of work.

\* \* \* \* \* \* \*

The Banquet at the Hotel Majestic Thursday evening, May 16th, was a very enjoyable affair. A large number were present to partake of the ample repast, and much satisfaction was ex-

pressed for the tempting viands spread before the assembly. The post prandial exercises were thoroughly enjoyed and among those taking part were, Dr. H. D. Holton of Vermont, Dr. C. F. Ulrich of West Virginia, Dr. A. N. Bell of Brooklyn, Dr. C. K. Cole of Montana, Dr. J. H. Donovan of Montana, Dr. H. Edwin Lewis of Vermont, Mrs. Mary Ellen Lease of Nebraska and Brooklyn, Judge A. H. Dailey of Brooklyn and Dr. A. P. Grinnell of Vermont. Hon. Clark Bell was the efficient Toastmaster.

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Mrs. Mary Ellen Lease of political fame made the longest speech of the evening. Her ideas were highly intelligent, and beautifully expressed, but her remarks were too long and too many thoughts of "varied hue" were inflicted on her patient but long suffering audience.

It seemed to many in attendance as though a kind Providence had given her an opportunity to relieve her pent up feelings, and for fear of never getting another, she had to make the most of that particular chance.

To those of her hearers who have always placed womankind on a pedestal of gentleness and lovely modesty, her speech and manner was a sad revelation. We hated to have our ideals of womanhood as we had previously known them so ruthlessly trampled on. Many of us had left womanly mothers and wives at our firesides and their lovely images had been imprinted on our memories. Therefore, to have our mental pictures tainted by so discordant a type of womanhood as Mrs. Lease represents, even for a moment, was a disagreeable and lamentable experience. If there is a Mr. Lease he has our sincere sympathy, and we echo Amen to the expression of one of our legal friends present when he said that if he was her husband he would withdraw from the premises forthwith, or in other words give up his lease without further representation.

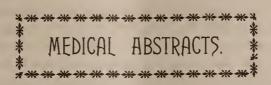
Dr. A. P. Grinnell was the last speaker at the Banquet, and his remarks were easily the brightest and most amusing of the evening. Dr. Grinnell as a post prandial speaker is without an equal. His humor is delightful and his remarks, always incisive and pertinent, sparkle with pure wit. He invariably holds his audience intensely interested, and convulses them with flashes of genuine humor which have their principal charm in their spontaneity.

#### The Question Involved.

A correspondent writes to the Troy Times that one of the tombstones in a Cohoes cemetery bears this inscription:

"Her body was stolen by fiendish men, Her bones anatomized, Her soul we trust has risen to God,— Where few physicians rise."

Our only question is, where is the future abode of all but a few physicians?



New Local Anæsthetic for the Ear.—Aqueous solutions of cocaine and eucaine having proved so unsatisfactory when applied to the tympanic membrane for anæsthesia, the use of aniline oil and alcohol as vehicles, first tried by Albert A. Gray, should prove a boon to aurist and patient. Paracentesis is stated to be entirely painless five minutes after the anæsthetic is employed. Ten drops of the following preparation are injected into the external auditory canal and allowed to flow to the membrane:

R.	Hydrochlorate of cocaine	
	Dilute alcohol	50
	Aniline oil	50

Granulations of the tympanum can also be removed painlessly, first cleansing and drying the parts before using the solution. In case of thickened and hardened membranes the following formula is more effective:

R.	Hydrochlorate of cocaine	.10
	Absolute alcohol	.30
	Aniline oil	.70

—Medical News, September 15.

Astringent Medication in Diarrhœa.—Dr. G.

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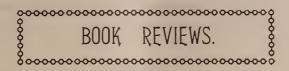
A. Hewitt (Medical Bulletin, April 1900) states that while acute attacks of diarrhœa are beneficial by removing undigested and irritating material, a chronic inflammation results if the dictetic errors to which they are due are not corrected. Diarrhœa then no longer possesses a conservative influence, but acts as a debilitating drain. While judicious regulation of the diet is essential in these cases, it is also necessary to administer rem-

edies which have a direct lecal action upon the affected mucous membrane. In the author's opinion we have such an agent in tannigen, which causes no disturbance of the appetite or gastric digestion. It is usually efficient in doses of five to ten grains repeated according to the exigencies of the case. Tannigen is of decided value in the management of cholera morbus, cholera infantum, and infantile diarrhea. These affections, due to bacterial agency, depressed nervous tone, and the intense heat of summer, are dangerous and destructive, especially among those of tender years. Although, as a rule, tannigen is more highly esteemed in chronic than in acute diarrhœa, in the above class of cases time is an important element of the treatment. The onset has generally been so abrupt that offending material has been evacuated in the early discharges, and the course of the disease cannot be too rapidly checked for the safety of the patient.

## PUBLISHER'S DEPARTMENT.

Ptomaines.—One of the leading specialists of the South Dr. W. L. Bullard of Columbus, Ga., concludes a highly interesting and instructive article on Ptomaines in the following manner:—"In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to eqnal five-grain antikamnia tablets. This remedy is not only a foe to ptomaines and their absorption, but is also a corrective in cases of poisoning by food-decomposition. As purely pain relievers, these tablets of course are recognized the world over as non-cardiac depressants, and free from any tendency to produce habit. I would also call the attention of the profession to those instances wherein it is strongly advisable to rid the system of the offending materies morbi as well as to

correct their harmful influences whether it be in the poisons of food-decomposition or the absorption of ptomaines. In such cases I know of nothing better than Laxative Antikamnia Tablets. These tablets jndiciously administered, rid the system in a perfectly natural manner of the offending material and lessen therefore, the quantity of medicine necessary to be taken by the patient and produce no disturbing influences on the delicate molecular interplay of the nervous structure."



Pulmonary Gonsumption, Pneumonia, and Allied Diseases of the Lungs. By Thomas J. Mays, A. M., M. D.; Professor of Diseases of the Chest in the Philadelphia Polyclinic, &c.; Illustrated; New York. E. B. Treat & Co., 241-243 W. 23d St.

The author states in the preface that the fundamental concepts of this work may be formulated into the following propositions:

- 1. That pulmonary phthisis in the large majority of cases, is primarily, a neurosis, and that the pulmonary disintegration is secondary.
- 2. That any agent, influence or condition which undermines the integrity of the nervous system will engender pulmonary phthisis, or some other form of pulmonary disorder.
- 3. That the only reinedies of value in the treatment of pulmonary phthisis are those which appeal to, and act through, the nervous system.
- 4. That of special value in the treatment of phthisis is the counter-irritant action of silver nitrate, introduced hypodermically over the vagi in the neck.

5. That acute pneumonia, and other forms of acute pnlmonary diseases, are closely affiliated with disorder of the nervous system.

As is eminently fitting most of the book is taken up with a thorough discussion of pulmonary tuberculosis. The author has given a vast amount of study to the disease, and his opinions are very readable and interesting. We may not be in accord with all of his premises, but we must commend him for his logic and sincerity. He knows what he is talking about, and he is a close, careful observer of clinical facts. This book will make men think, and no higher object could be obtained to uplift medical science. We highly recommend the book for both the excellence of its contents and its appearance.

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Retinoscopy (or Shadow Test) in the Determination of Refraction at one Meter Distance, with a plane Mirror, by James Thornsoton, A. M., M.D., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; Opthalmogist to the Elwyn and Vineland Training Schools, and the M. E. Orphanage, etc., etc. Fourth Edition, Revised and Enlarged, with Fifty-one illustrations, Twelve of which are in Colors. Published, 1901, by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price \$1.00.

This little book has been a vast help to eye specialists, and is the most valuable means of acquiring a thorough knowledge of retinoscopy. The need of four editions since 1897, gives marked evidence of its reputation. This, the fourth edition, has been thoroughly revised, some parts have been rewritten and eight new illustrations have been added. No medical man who pays any attention to the eye and its diseases can afford not to familiarize with its contents and the method it so ably describes.

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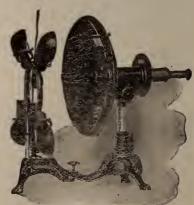


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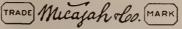
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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medica Association.

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No. 6

#### A Noted Medico-Legal Jurist.

Of the few great men who have moulded scientific opinion on medico-legal topics during the last twenty-five years, the Hon. Clark Bell of New York City stands close to the head of the list. Few minds are more acute or erudite and the broad scope of his many important contributions to the science of medical jurisprudence testifies highly in regard to his splendid learning and intellect.

Clark Bell, lawyer, journalist, author and man of affairs was born in Rodman, Jefferson County, N. Y., in 1832. His early education was attained at Franklin Academy, Plattsburgh, N. Y., where he carefully fitted himself for Yale University, but ill health prevented the consummation of his ambition for a collegiate course. Subsequently he studied law at Hammondsport, N. Y., and was admitted to the bar at Rochester in 1853. For several years Mr. Bell practiced his profession in the law firm of McMaster & Bell, with conspicuous ability. In 1864 he removed to New York City where he has since resided.

As a lawyer, Mr. Bell has won marked success, holding a prominent position at the New York Bar and during his career, having been attorney for the Union Pacific Railroad, the Pacif-

ic Mail Steamship Co., and many other large and influential corporations. He also has been prominently identified with much of the literary and charitable work of New York City, as president of the New York Infant Asylum for eight years, president of the Saturday Night and Palette Clubs, and as a member of many other literary and charitable associations.

But it is in the field of medico-legal study that Mr. Bell has won his international reputation. In 1872 he was elected president of the New York Medico-Legal Society, an organization known wherever civilization exists for its broad educational work along the line of medical jurisprudence. Its members, active, honorary and corresponding, number the leading scientific men of the world. Mr. Bell has held the presidency of this great society several times, being re-elected to the honor no longer ago than in 1900. His high standing in forensic medicine was responsible for his election to the presidency of the International Medico-Legal Congress held in New York in 1889 and of those held in Chicago and New York in 1893 and 1895 respectively. Many home and foreign scientific societies have honored him by electing him to honorary membership.

In 1883 Mr. Bell founded the *Medico-Legal Journal*, a publication which has achieved during the seventeen years of its existence, the proud distinction of being universally considered the standard English authority on medical jurisprudence. Not only as editor of this great journal has Mr. Bell been identified with literary work for he is the author of Bell's Medico-Legal Studies of which six volumes have been published. This remarkable work is well known to students of forensic medicine and constantly used by the leading English and American jurists. He also has contributed extensively to the literature of sociology and general science. All of his writings have been characterized by keen intellectuality, shrewd perception and a clearness in expression that holds and convinces the reader. His language is fine and his diction perfect.



HON. CLARK BELL OF NEW YORK.



On the American Congress of Tuberculosis Mr. Bell has had a profound influence, being one of the leading instigators of this important and far reaching organization. As has previously been said in this Journal the great success of the recent meeting in New York City is unquestionably due more to Mr. Bell than any other one man. His untiring energy, perseverance and enthusiam accomplished wonders and a meeting whose influence will be felt throughout the length and breadth of our Continent was the result.

Mr. Bell is a member of the Press, Union League, Twilight, Thirteen and Sunrise Clubs and many other important societies and associations.

In every respect, the Hon. Clark Bell is a man of parts. His colleagues and co-workers respect and honor him for his splendid intellect, his enormous capacity for work and his spirit of progressiveness. The world at large looks on him as the years glide by, as a man who has made the most of his opportunities and won honors and distinction solely through true worth and ability. May God bless his labors and preserve his usefulness for many years to come.

By no means the least of Mr. Bell's many honors was his appointment by the U.S. Government as a delegate to the International Medical Congress held at Paris in 1900. Although not a medical man, Mr. Bell's high standing in forensic medicine was considered ample justification for his appointment.

#### Tuberculosis and Legislation.\*

By Clark Bell, Esq., LL. D., President of the Medico-Legal Society.

Tuberculosis has been aptly termed "The Scourge of the Human Race."

The most important subject at the opening of the new century, the one that directly threatens the lives of the largest number of human beings on the globe, is that dread spectre which faces the race from the cradle to the grave, that terrible, devastating and merciless disease, which wastes mankind by a slow, lingering death; that has increased in volume until it now heads the list of mortality among many of the races that people the earth. No other one cause sweeps from life such a large number as does consumption. We have stood as a race, until the very recent past, waiting and wondering on whom its summons would fall, and not unlike the prisoners in the French Revolution, awaiting in turn the selection of the victim, to a more terrible death than that of the guillotine; because that was more merciful, in that it was swift and instantaneous. Until recently the medical faculties of all the world, however they may have differed on other questions, have been united in this: that consumption could not be cured. Save the voice of "the retired clergyman whose sands of life had nearly run out," of which we heard in our childhood days, medical science has offered no panacea, no cure for this fell destroyer.

The question of all questions in the interest of the human race—the question of the hour is: How can the ravages of tuberculosis be stayed? How can it be averted? From any standpoint from which it can be viewed, the most important factor in

\*Read before the American Congress of Tuberculosis in joint session with the Medico-Legal Society, May 15, 1901.

the solution of this grave and important problem rests on preventive legislation. The ablest thinkers in the world, in all countries, are coming to the conclusion that no other means are so full of hope and success as this. It becomes, then, the most stupendous question in legal medicine that has ever been brought to the consideration of the professions of law and medicine.

His Excellency, the Earl of Minto, Governor General of the Dominion of Canada, at Ottawa, on February 14th last, in opening a conference on the "Prevention of Tuberculosis," at which the ablest men of the bar and in the medical profession from every Canadian Province were represented, said:

"He hoped the expert information brought to bear at the discussions might not only assist the public to some knowledge of the dread disease which besets them, but would encourage the public to unite in one body to try and repel its ravages. Success must to a very large extent depend upon the assurance and the good will of the public at large. Ten years ago the annual deaths from consumption in Ontario numbered 2,400. In 1889 they had gone up to 3,405. Of course allowance must be made for the increase of the population, but even allowing for this, it was a very considerable increase. From 1887 to 1898 the total deaths from consumptive causes were 31,699, while the annual estimate for the Dominion was now between seven and eight thousand deaths a year. In the period from 1887 to 1898, the total deaths from small-pox were only twenty-one. The small mortality from small-pox was very encouraging, as showing what can be done by preventive measures."

Sir James A. Grant, M. D., the eminent physician, suggested and selected by general acclamation to preside over that conference, and who was chosen president of the "Canadian Association for the Prevention of Tuberculosis," as a result of that conference, with vice-presidents selected from the ablest jurists and medical men, two from each province, in taking the chair at the opening of that Congress, said:

"That this was the twentieth year of the discovery of the tuberculosis germ. The yearly death rate in this country was estimated at between seven and eight thousand, and in the neighboring republic about 150,000 annually. In Great Britain and the Continent of Europe, the results from this malady were not encouraging."

Sir William Hingston offered the first resolution, which had been sent out for discussion. It was as follows:

"Whereas, in view of the general prevalence of tuberculosis in Canada, and of the very high mortality caused by the disease; in view of the communicable nature of the same, and of the constant and continued dangers caused by its chronic and unusually prolonged course, during which a patient may infect not only one house, but many other places of temporary or permanent abode; and especially in view of scientific facts going to show the curability as well as the moderately contagious character of the disease in its early stages;

"Resolved, That in the opinion of this conference, which represents the governments and people of every part of Canada, it is the duty of every government, municipality and individual citizen to adopt organized methods for lessening the spread of a disease which is causing, directly or indirectly, probably one-fifth of the total deaths in the Dominion.

He supported it and in the course of his remarks, said:—
"He took strong grounds that consumption is not an heriditary disease. Consumption is not confined to the lungs; we may have it in the liver, in the kidneys, the bones, in the knee-joints. He had seen it on the lips of a young lady teacher who scratched her lip with a pencil. The baccilus enters the lungs from the air. People are not careful. They spit indiscriminately. The germ in the sputum lives for months, and is disseminated by the atmosphere. It is scattered by ladies with long skirts, by much handled bank bills, etc. It is not hereditary; it is preventable; it is curable; not in the last

stages, but in the early stages. For the consolation of those who could not afford it, he said change of climate was not so important, and friends should never consent to people going to Florida, and afar off, to die away from home."

The motion was seconded by Dr. Lafferty, of Calgary. He said:—

"The disease is curable, and emphasized the importance of the duty devolving on governments to establish sanitariums properly located in parts of the country where the climatic conditions were favorable. The Alberta district, where he came from, was being over-run by outsiders suffering from this disease looking for health, and unless restrictive measures were taken by the government, the district would have to take strong measures to protect itself. He thought the Dominion government should pay for the erection and controlling of sanitoriums."

The resolution, after extended discussion from the ablest jurists, as well as medical men from every Province of Canada, was unanimously adopted.

The leading men of England, realizing the magnitude of the danger of the dread disease to the British nation, have announced a congress to be held in London in July next, at which the then Prince of Wales had consented to preside, and which will receive his cordial support now that he has come to the English throne. This congress will embrace the ablest statesmen, publicists, and medical men of Great Britain, and it is announced that the governments of several nations, beside our own, are to be invited to send delegates to that convocation, where the same question will be the uppermost one for discussion.

The Medico-Legal Society has felt that it was a neglect of duty on its part, not to bring this subject up for action and discussion; and the congress to be held by the American Congress of Tuberculosis, in joint session with the Medico-Legal Society on the 15th and 16th of May, proximo, at the metropolis

of the nation; was the result of what has seemed to be a public necessity, in an hour of great public urgency, and in the performance of a duty that could not be ignored.

The officers of the American Congress of Tuberculosis, which had been organized in February, 1900, on invitation from the Medico-Legal Society, consented to this joint congress, and the preliminary announcement was ordered to be sent out by the officers of both organizations, of which the following is a copy:

New York, Feb. 6, 1901.

It is announced that the Second Annual Meeting of the American Congress of Tuberculosis will be held at the Grand Central Palace in the City of New York on the 15th and 16th days of May, 1901, in joint session with the Medico-Legal Society of New York. That a dinner will be given to the members and guests. It is proposed to open a Museum of Pathology, Bacteriology and Public Health, with an exposition of electrical and other instruments; with the use of the power furnished at the building, which it is intended to be made most complete, educating and attractive; of all appliances used in any way in arrest or treatment of the disease.

The leading manufacturers have enlisted already, many of them, and the display will be on an extensive scale. The objects of the Congress will be to exchange the information and experience gained throughout the world, as to forces and methods most available for the extermination of consumption, which at the present moment is a disease, the most destructive of human life of any that now afflicts humanity.

The medical profession of all countries will be invited to contribute papers to be read before this Congress, in their behalf by a committee selected for that purpose; in case of the inability of the author to attend: and to enable those who could not hope or expect to be present, to participate in the work and usefulness of the body. As the questions to be discussed involved remedial legislation, legislators, lawyers,

judges, and all publicists, who take an interest in the subject, are also invited, both to enroll and contribute papers.

The papers should be forwarded to the secretary on or before the 15th day of April, and the title of the papers forthwith, to facilitate classification, as thet ime is short. The enrolling fee will be three dollars, entitling the member to the Bulletin of the Transactions free.

The complete list of officers and committees will be announced as early as possible. The preliminary announcement is now made to obtain the names of those who will co-operate in the Congress, and an early classification of the subjects and titles.

The Medico-Legal Society directed that the governors of the several states and territories and of the provinces of the Dominion of Canada, should be invited to send at least three delegates from each state and province, which has been done.

The following letter has been sent to the governors of the states and provinces:

"Medico-Legal Society.
Office of the President, 39 Broadway,
New York, Feb. 20, 1901.

"Honored Sir:—Preventative legislation against the spread of tuberculosis seems to be a grand factor if not the most effective of all means left at our command in averting what has come to be "The Scourge of the Race."

"In many of the states and provinces legislation favorable to the construction of state hospitals and sanitariums for the care, treatment and cure of its victims, has been secured. In many more it has been considered, and is now under contemplation.

"It has arrested the public attention. It is a fruitful, a terribly pathetic, even tragic question. It is the problem of the hour.

"I enclose you the preliminary announcement of the American Congress of Tuberculosis to be held in the City of New

York, on the 15th and 16th of May proximo, at the Grand Central Palace, in 43rd street.

"I am authorized by the Medico-Legal Society at its meeting held on the 20th inst., to invite the governors of the several American states and territories, and the governments of the Central and South American States, the State Medical Societies of the United States and the Canadian provinces, of the Dominion of Canada, to name three or more delegates to attend that congress; and to present their views in regard to the best legislative means of prevention.

"Will you kindly advise me of the name and address of such delegates as you may name, as early as possible, so that correspondence may be opened with them, as the time is short.

Very faithfully yours,

CLARK BELL."

Invitations have been sent also to a large number of eminent men in our own and foreign countries, to attend and participate in the congress, or to contribute papers to be read and discussed at the session.

The invitation has been made to the entire medical and legal professions to co-operate, and to the officers of the state boards of health throughout the United States and the Dominion of Canada.

A letter asking the following questions has been sent to a large number of prominent men of all the professions, with the intention to publish such replies as are received in time to accompany this address before the congress not only, but to have it sent, with such replies as are received; a time sufficiently long to enable the same to reach the most careful and competent students of the science in all professions:

1st. What importance do you attach to preventive legislation as a factor in diminishing the spread of Tuberculosis?

2nd. Assuming the importance, necessity and utility of preventive legislation, how can the public be best educated and

its sentiment aroused sufficiently, to secure the passage of preventive laws, and their enforcement after they are passed?

3rd. Which would you regard as for the best interest of the people:

- (1) Legislation authorizing the employment of drastic measures for the enforcement of the necessary regulations, or,
- (2) A broad policy of education of the masses, as to the cause, the danger and the remedy for a factor in diminishing the spread of Tuberculosis?'

The government of the United States has been advised of the contemplated congress, and its co-operation solicited, and a request that the government and its army and navy departments, especially the surgeon generals of both, and their attaches and offices, be represented at the congress.

As to the legal propositions involved in what may be considered as of the greatest practical force and effect, in the matter of preventive legislation; the question rests strongly upon the proposition, upon which the medical world is now substantially in accord.

Is tuberculosis an infectious or communicable disease? Can it be communicated from one person to another?

How far can legislation avert it, framed with a view of arresting the spread of the disease, by regulations, the enforcement of which would result in diminishing the opportunities and the facilities for its being communicated from one person to another?

The police power of the government has been held to exist, and it no doubt does in all cases, where a communicable disease is liable to, or is in danger of spreading; and this liability or danger can be averted, lessened or diminished by stringent regulations.

To obtain the consent of the people to the adoption of stringent and drastic laws in such cases, requires the education of the public sentiment among the more thoughtful and influential members of the community.

Preventive legislation must, to secure its enforcement, be sustained also by a strong and educated public sentiment.

The action of the congress will not be limited to the subjects presented by this paper alone.

The programme of work will be broad enough to consider all questions relating to tuberculosis, its cause, cure, treatment, climatic influence, and every question in any way related to it.

The programme will be a classification of its subjects, and a large number of enrolled members will take part in the discussion, and this paper is sent out in advance to awaken, arouse and incite to that discussion.

The following are some of the earliest replies received in response to the questions sent out, the remainder of which will be submitted later, if received after the Congress adjourns:—

Sir James A. Grant, M. D., President of "The Canadian Association for the Prevention of Tuberculosis," one of the most progressive of the medical men of the Dominion of Canada, on the Legislation of Tuberculosis, says:—

"150 Elgin Street, Ottawa, Canada, March 28, 1901.

Clark Bell, Esq.:

My Dear Sir;—In reply to your kind communication of March 12th inst, in reference to the "Preventive Legislation," I would recommend, that a Bureau of Public Health be established at Washington, under the Government, and that specific directions, in keeping with the progress of science, be circulated throughout the "various States of the Union," for the guidance of the public in all points with reference to Tuberculosis, also, that from the "Educational Department," a small work, containing, in a succinct and comprehensive form, all information on consumption, should be circulated, and in fact taught in every school and college, for the guidance of the people as a whole.

A system of general information, such as defined, would be productive of practical results, and tend towards a marked re-

duction, in the present fatality from consumption, in your great Republic.

Sincerely yours,

J. A. GRANT.

P. S.

My Dear Sir:—I feel that as a British subject, I have no right to dictate advice to your Government, but if, by your Tuberculosis Conference, you can bring about so progressive a move, the advantage to the Republic would be great indeed.

Sincerely yours, J. A. GRANT."

Dr. E. P. Lachapelle is one of the most experienced of observers in the Dominion of Canada. He is the President of the Board of Health of the Province of Quebec. He resides at Montreal. He replies:—

Board of Health of the Province of Quebec. 76 St. Gabriel, Montreal, April 1, 1901.

"Clark Bell, Esq., Secretary of the American Congress of Tuberculosis, 39 Broadway, New York.

Dear Sir:—I have received only Saturday last your circular letter bearing date of March 9th, it having been addressed to "Quebec", instead of "Montreal" where I reside.

"The legislative measures I am prepared to advocate as I attach great importance to their being enacted, are: compulsory notification of all cases of tuberculosis which have reached the suppuration and expectoration stage, disinfection of dwellings after the removal or death of a consumptive, regulating the cubic space and other sanitary conditions in public buildings, (schools, factories, etc.) exclusion from dairies of all cows presenting a tuberculous disease of the udder, fixing a minimum air space for cow sheds, control of slaughter-houses and markets, in cities and towns at least. None of the above constitute what I would call drastic measures.

"Other desiderata will have, I think, to be secured by persuasion. Notification of advanced tuberculosis and disinfection

after the death of a consumptive are now law in the Provence of Quebec.

"The best way of securing the co-operation of the public would be to begin it education at the schools, (I have advocated this at our recent Ottawa Conference), to multiply leagues which would publish literature for free distribution and give popular conferences, etc.

Sanitoria also, especially those where the poor would be admitted free are, in my opinion, an efficient means of checking the propagation of the disease by decreasing the number of foci among the population. Moreover, patients coming out of these establishments with improved health, spread wide and large practical notions about the rational and preventive care of the tuberculous, and stand as a living proof of the usefulness of these establishments. These patients would certainly help to convince affected people that they get something in return for taking health officers into their confidence.

"I always intend to be present at your meeting on the 15th of May, and to take part in the discussions which will undoubtedly arise, and if needed, I will more fully explain my views on the matter.

#### Yours sincerely,

E. P. LACHAPELLE."

Dr. T. D. Crothers, of Hartford, Conn., the editor of the Journal of Inebriety, is a trained observer of Sanitary subjects. He is one of the Vice-Presidents of the Medico-Legal Society, and of the American Congress of Tuberculosis. He writes:—

#### WALNUT LODGE HOSPITAL.

Hartford, Conn., April 1, 1901.

T. D. Crothers, M. D., President and Superintendent.

"My Dear Mr. Bell:—In answer to your first question I would say that the time has not come to inaugurate drastic preventive legislation. The public is not yet ready for preventive laws. Second, the passage of general laws calling attention to

the subject and enforcing isolation of persons who are diseased would be a good measure. In the second list of questions, the broad policy of education pointing out the danger of such cases and the remedy by isolation, treatment, etc, is that which is most needed at present. The action of the Congress should call special attention to the sanitary side of the question and the possibility of removing the cause by intelligent co-operation of the public as well as police regulations. I shall hope to see you some time this month. With thanks believe me,

Very truly yours,

T. D. CROTHERS."

Other replies along the same line were received from the following erudite students of sociologic and psychologic problems. Hon. Moritz Ellinger of New York, Dr. U. O. B. Wingate of the Wisconsin Board of Health, Dr. A. P. Reid, Secretary of the Provincial Board of Health of Nova Scotia; Dr. Geo. Ben Johnston of Virginia; Dr. J. W. Kime, Editor of Iowa Med. Journal; Dr. Eduardo Liceaga, President of the Board of Health of Mexico and many others.

(From advance sheets of the Bulletin and Medico Legal Journal.)

#### Literary Announcement.

The Quarterly Journal of Inebriety will publish in the July number a symposium of the most authoritative scientific papers, recently read before medical societies in this country and Europe, on the physiological and pathological action of alcohol. These papers will contain the latest facts and conclusions, on the action of alcohol as a beverage and medicine, and be of absorbing interest to every physician and person interested in this topic. A large edition will be issued and extra copies will be mailed to any address on the receipt of 75 cents in stamps or currency.

Address, T. D. CROTHERS, M. D., Editor, Hartford, Conn.

# Contribution on the Curing of Tuberculosis in Sanitaria.\*

By Prof. Schrotter, of Vienna, Austria.

The question of treatment of Tuberculosis in Sanitaria, to which I have devoted myself since 1883, has become at this moment one of the most actual in the whole world. It requires particular attention on two points.

- 1. Stating cases of real success, which we call curing.
- 2. Making a special study and an accurate analysis of every case in which the treatment in the sanitarium failed.
- a. In the medical reports of our Sanitarium at Alland, near Vienna, we are very careful in pronouncing the word "cured," and do not rubricate the cases dismissed from the sanitarium as healed or ameliorated, but speak only of essentially ameliorated, etc. Keeping all cases in continual evidence so that we may be able to say after some years what the real state of the patient is. The patients are compelled to show themselves regularly either in the sanitarium at Alland, or in our Central Bureau in Vienna, where the same medical men who made the first examination on which depended the admission of the patient (or not), continues to observe the patient, not from his memory alone, but with the assistance of the exact dates in the protocols. So we hope to be able to give in some years reliable statistics of real cures. At this moment we have every reason to be contented with good results. They are better even than we expected them to be, and we hope not to be obliged in the future to alter this good opinion.
- b. What can be the causes supposing that we had accepted quite a favorable case for the Sanitarium, that instead of the expected amelioration, exactly the contrary finis lethalis,

\*Read before the Medico Legal Society and American Congress of Tuberculosis in joint session, May 15-16, 1901.

takes place? In the first volume of Zeitschrift fur Tuberculose und Heilstattenwesen, Leipzig, 1900, described from the above point of view, a case of very severe Tuberculosis, in which it advanced to our great astonishment, not only to a progradient amelioration in the general state of health, but to a complete cicatrisation of the extended ulcerations of the larnyx, so far that it came even to a stenosis; and also of proceedings of induration in the lungs; but unfortunately destroyed all good effects, and tuberculosis in the intestinal tract took place. to which the patient finally succumbed.

Now I will show another case which at first promised to turn out well and then unfortunately turned out badly. Why? I shall try to be as brief as possible.

The patient, a delicate girl of twenty-six years of age, whose disease began in January, 1898, with coughing sometimes blood-tinged sputa, in July pleurisy, was admitted into Alland in September of the same year. We found a slight infiltration of the right apex as far as the second rib and the rest of a pleuritic infeltration lower down. After a considerable amelioration, which was only intercupted by intercurrent pleuritis, she showed on the 26th of November, 1898, every symptom of pneumothorax, which was on account of the pleuritic effusion, Yet we were lucky enough to be able to pneumopyothorax. state that after the pleuritic condition had spread entirely over the right side on the 26th of February, 1899, every sign of pneumothorax together with the effusion disappeared, and the weight of the patient had increased 3. 3k. She was so well that the medical men were on the point of dismissing her from the sanitarium, and took the trouble of looking for a place for her where only light work was required. The patient followed from the middle of October, 1899, to March, 1900, a treatment with acid cinnamylicum and increased in weight. Under continuing good health the second incident arrived. On the 21st of June, 1900, the symptoms of pneumothorax could be again stated. On the 9th of December, 1900, she suddenly coughed up 350 An. 3 purulent sputum. Now there are two things possible, either the second pneumothorax was caused by perforation of the lung with very slow increasings of the pleuritic effusion till it reached finally on the 9th of December, the opening of the lung, with the result of the abundant expectoration; or the opening in the lungs was again shut up, the effusion increased slowly to a certain degree and then a new larger, but now permanent perforation took place. In this state the patient came into my clinic. She was constantly feverish, complained of pains in the right side and of an abominable taste in her mouth, caused by the above mentioned purulent expectoration. As different gargles and inhalations brought no relief, we performed on the 20th of January, 1900, a thoracotomy with a large incision at the back in the eighth intercostal space, following which, about half a liter of fetid purulent fluid flowed away. We continued washing the pleural cavity with kali hypermangan. The abominable expectoration ceased. This is all we could do for the real relief of the poor patient, for it was soon clear that the continuation of fever was not caused by the disease in the right side, but by the increasing of tuberculosis in the left lung. She died on the 1st of February, 1901, and the post mortem showed a plum-sized cavity with an opening about the size of a lentil, in the compressed right lung with subacute tuberculosis in the left.

We see in this case the event of pneumothorax took place twice, perhaps three times; we see an energetic struggle even against so serious an occurrence, with good effect and only at the entrance of open pneumothorax was the fate of the poor patient sealed. We could do nothing but bring her relief, and the subacute tuberculosis of the left lung accelerated the fatal end.

What we learn by this case is that the treatment of sanataria will not be able in every case to prevent the advancement of tuberculosis and with that the entrance of severe complications, but this treatment can give the body such a resistance as cer-

tainly the patient did not possess before and may be able to a certain degree to overcome such serious incidents.

I must mention the possibility that injections of acid cinnamin had some good effect.—[From advance sheets Medico Legal Journal and Bulletin American, Congress of Tuberculosis.]

#### Treatment of Hay Fever.

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Bishop ("Laryngoscope") refers to the misapplication of a previous recommendation of his to use acids in the treatment of hay fever in persons of the uric acid diathesis. Gleason, for in. stance, prescribed concentrated nitro-muriatic acid in three to five drop doses in half a glass of water after each meal. Dr. Bishop wishes to point out the greater efficacy of the eliminative treatment which rids the body of uric acid, while the acids cause its precipitation from the blood and its storage in the tissues for future trouble. The acid treatment is to be used for temporary relief only, during the attack. To remove the excess of uric acid he prescribes the salicylates, salicin, lithium and alkalis. He prefers the lithium citrate, the effervescing tablets being given so that one gets fifteen to twenty-five grains a day in divided doses. There is a likelihood that patients of this class eat too freely of animal food. These meat meals should be rare and preceded by ten to fifteen grains of the lithia.

[Such treatment may do well in England, but in this country the best results are obtained by sending the patient to Chadwick, or any of the resorts on Barnegat Bay, on the New Jersey sea coast.—Ed. Public Health Journal.]

## Brief Notes on the Treatment of Rheumatism.

By P. F. Gardiner, M. D., Milford, Mass.

In the treatment of rheumatic conditions it has been quite frequently my fortune to come across cases in which I found it impossible to avail myself of the beneficial effects of the salicylates owing to their unpleasant after-effects. The majority of such patients were persons suffering from dyspepsia or other gastro-intestinal disorders. The salicylates in these instances seemed to exert a very irritating effect upon the gastric mucous membrane, accentuating the already existing disturbances and giving rise to protracted nausea and vomiting. Another class of patients who were unable to take the salicylates comprised persons affected with cardiac trouble of organic or functional character, or persons with a sensitive nervous system. The observation has not been uncommonly made in acute rheumatism that the salicylates exert a depressing action upon the heart if given in physiological doses, and it is a question whether in these cases they do not do more harm than good. Many a death has been attributed to their use rather than to the disease itself.

In nervous persons the disagreeable tinnitus experienced under full doses of salicylate of sodium is often so distressing as to demand an immediate discontinuance of its administration. For this reason I have been recently much interested in a modified form of salicylic acid, the new acetyl salicylic acid, known as Aspirin. Although my experience with this new drug has not been very extensive, it has been sufficiently large to enable me to institute a comparison between its effects and those of the salicylate of sodium, much to the advantage of the former.

Owing to the chemical combination of the salicylic acid in aspirin, the drug is not decomposed in the stomach, and hence

there is an entire absence of any disturbing effect upon that organ. In the intestinal canal the remedy is absorbed in such form that the salicylic acid seems to be deprived of its unpleasant and injurious properties. Judging from such literature as I have had an opportunity to peruse, as well as from my own experience, aspirin has none of the depressing action upon the heart observed under the use of the salicylate of sodium, while tinnitus is also practically absent.

To illustrate these points, I subjoin a few cases taken from my books, which I trust will prove of interest.

Case I. Mr. A., carpenter, aged 38, complained of severe pains in the joints, with a temperature of 103°. The feet and ankles were badly swollen and very sensitive. He said that he had suffered from repeated attacks of rheumatism which always "used him up." I prescribed salicylate of sodium, with small doses of antipyrin, and hot applications to the swollen parts. At my next visit I found the patient about the same as on the day before. He said he could not keep the medicine down, and consequently had received no benefit from taking it. I ordered 15 grain doses of aspirin every four hours. At my next visit I found the patient much improved; temperature, 100.4°; pulse, 80, and joints less sensitive. There had been no disturbances from taking the aspirin and the appetite had improved, while the general condition was much better. The patient is improving rapidly and will soon be able to return to his work.

Case II. Mrs. L., aged 30, straw-worker, had been suffering with acute articular rheumatism, involving the wrist, ankle and knee-joints, for two days and was confined to her couch. I was called Saturday, January 5th. She said: "You must give the best thing for rheumatism, as I am very anxious to return to work." I ordered hot applications to the joints and 10 grain doses of aspirin every two hours. She was relieved within twelve hours, and returned to her occupation on January 8th. She has continued to work steadily up to the present time, although occasionally there is some pain and tenderness in the

wrist; otherwise her health is good. She is still taking the aspirin.

Case III. Mr. G., aged 70, farmer, has been afflicted with articular rheumatism for about fourteen months, and was under treatment by the family physician nearly all the time. I was called in consultation some six months after the commencement of the attack, but could not suggest anything that had not been tried. The patient was much better during the warm season, but as soon as cold weather came articular ædema returned with much pain and sensitiveness, particularly in the wrists and hands. I put the patient at once on aspirin in 15 grain doses, four times daily. Relief occured within 48 hours, and he still continues to improve. Although I do expect a complete recovery aspirin has done much for him in a short time. His appetite has returned and his general condition is excellent.

Case IV. Mr. D., aged 31, machinist, was seen by me Janua ry 23rd. I found him with swollen knee and ankle-joints, which were extremely sensitive and painful. The temperature was 102.5°; the pulse 100; the tongue coated; constipated bowels; loss of appetite. All the home remedies had been tried prior to my being called. I gave small doses of calomel, ipecac, and sodium bicarbonate, frequently repeated untill two grains of colonel had been taken, to be followed with a sedlitz powder, and ordered the affected joints to be covered with hot applications. I then prescribed 10 grain doses of aspirin to be taken on the tongue and followed by one-third tumblerful of water; the dose to be repeated every two hours while awake. The following day the Treatment was continued withpatient was slightly improved. out any disturbance from the aspirin. On the seventh day there was marked improvement; the temperature was normal, the tongue clean, and there was some desire for food. From this time the patient improved rapidly, and returned to his work completely relieved in sixteen days from my first visit.

## Notes of American Congress of Tuberculosis.

The following have been appointed members of the Executive Committee of the Congress:

CLARK BELL, Esq., L. L. D.

Editor of the Medico Legal Journal and Secretary-General of the American Congress of Tuberculosis.

HENRY B. BAKER, M. D.,

Secretary State Board of Health, Lansing, Mich.

JUDGE ABRAM H. DAILEY,

Ex-President Medico Legal Society, Brooklyn, N. Y.

E. P. LACHAPELLE, M. D.,

President Prov. Board of Health, Montreal, P. Q.

T. D. CROTHERS, M. D.,

Editor Journal of Inebriety, Hartford, Conn.

HON. MORITZ ELLINGER,

Ex-Coroner New York City, New York City.

J. C. Shrader, M. D.,

President State Board of Health, Iowa City, Iowa.

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HENRY D. HOLTON, M. D.,

President American Congress of Tuberculosis, Secretary State Board of Health, Brattleboro, Vt.

A. N. BELL, M. D.,

Honorary President American Congress of Tuberculosis, Editor of The Sanitarian, Brooklyn, N. Y.

This committee has full power to transact all business and decide all questions arising between the annual meetings of the Congress.

\* \* \*

Following is the complete delegation appointed to represent the American Congress of Tuberculosis at the Bulist Congress to be held in London, June 22 to 26, 1901:

CLARK BELL, Esq., L. L. D., of New York, H. EDWIN LEWIS, M. D., of Vermont, AUGUSTUS C. BERNAYS, M. D., of Missouri, GEORGE BROWN, M. D., of Georgia J. C. SHRADER, M. D., of Iowa.

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### EDITORIAL.

### The Relation of Bovine Tuberculosis to Human Beings.

The recent inspection of dairy herds throughout the State by the Cattle Commission, resulting in the detection of many diseased cattle and the prompt slaughtering of the same, is causing much perturbation and protest on the part of dairy-men in general, as well as those whose cattle have been killed. The newspapers have been full of communications pro and con in regard to the danger of bovine tuberculosis and many questionable statements have been made by those whose interests have been affected financially. A good share of the discussion has been on the probability of human beings acquiring potent infective tubercular material through the agency of meat and dairy products. This is manifestly dodging the vital question, for the Cattle Com-

mission and their work is based not on the probable but on the possible influence of the bovine tubercle baccillus in producing tuberculosis in human beings. The justice or injustice of slaughtering diseased cattle rests entirely on this possibility. If it can be shown, and we know that it can, that tuberculosis in the cow may, through a specific germ, give rise to the disease in human beings, however rarely, then every product from such a cow should be condemned and the animal itself killed at once. Human knowledge is not perfect enough and never will be to determine the potency of infective material from any particular tuberculous animal, since human susceptibility is a prominent factor in the ultimate result. But the possibility of some individual's acquiring the disease from some tuberculous animal is sufficient to justify the most radical measures to remove all possible sources of infection. The necessity for such measures grows in importance as the danger approaches our own firesides.

The proof of the communicability of tuberculosis from bovines to mankind is ample and indubitable. Space forbids quotation, but the reader is referred to the following:

Tuberculosis in the Lower Animals and Its Relation to the Public Health, by Frank A. Rich, V. S., M. D., Burlington, Vt., in the Vermont Medical Monthly, Feb.-March, 1895.

Tuberculosis, by A. G. Young, M. D., Augusta, Me., Secretary Maine State Board of Health, in the State Board of Health Report for 1898-99, pp. 195-201.

Ropp of the Iowa State College in the *Phila. Med. Journal* VI, 253, 1900.

There are countless other communications along the same line, but every physician in active practice in farming districts can report instances where he has known or suspected that tuberculosis has been transmitted from the dairy to the patient.

In regard to the presence of infective material in cows' milk it is a fact that the milk rarely contains the tubercle bacillus except in those cases where the disease has invaded the udder. But the excretions from diseased cows are frequently highly infective and even in the presence of scrupulous cleanliness the milk may be contaminated outside of the body. The coughing and expectoration of diseased cows also assures widespread distribution of infective material throughout barns, and so it can readily be seen that the products of the dairy may be contaminated and rendered dangerous by even one diseased cow in a large herd.

The danger of healthy animals being infected and thus increasing the quantity of infective material does not need consideration for the facts are apparent and indisputable, but the rapid spread of the disease to swine should receive marked attention. Swine tuberculosis has grown rapidly during the last decade and can be directly traced to diseased cattle. Mosler, a leading German authority, says that in scarcely ten years the per cent. of swine affected with tuberculosis has risen from two or three per cent. to thirty per cent! He goes on to say: "that the most potent factor in this increase of tuberculosis among swine has been the feeding of separator slime."

The widespread use of pork as the principal meat in many rural districts, increases the danger from diseased cows, since they are so evidently the source of swine infection.

The whole question should be honestly considered by all people from the standpoint of public good. It is natural for the farmer to look at the matter from his own and perhaps a selfish standpoint, for he is distressed by the loss of his cattle should they prove diseased. In many cases the loss of half or part of a dairy herd works a real hardship on the owner and deprives him of a large part of his income and means of livelihood. In all equity and justice, it seems to the Editor that the State should properly and amply compensate a farmer for those of his cows that have to be slaughtered. The public are benefited, therefore let them help to bear the burden. To be sure, the diseased cattle are a meance to public health and the marketing of their products is morally wrong and illegal. But in the interests of State industry the misfortune of the farmer in having diseased cattle, which he

is in no wise responsible for, should not fall entirely on his shoulders

Let the farmers and dairymen unite their forces and attend to this matter at the first opportunity, and with mercenary factors eliminated from the question, they can direct their efforts without bias to obtaining "the greatest good to the greatest number" by removing all possible sources of the agent that causes the death of one-fifth to one-seventh of mankind.

# A Correction in Regard to the American Congress of Tuberculosis.

In view of the injustice that has been done the grand work of the American Congress of Tuberculosis by certain newspaper quotations and comments concerning a paper read by Dr. M. R. Leverson, of Brooklyn, the editor of this journal, who was present and took part in the discussion following the reading of the above paper, deems it wise to make a statement concerning the whole matter.

In the first place, the American Congress of Tuberculosis is a liberal body, with the broad object of obtaining all possible information concerning the nature, methods of prevention and treatment of tuberculosis. From such information the consensus of scientific opinion is determined in regard to the wisest and most effective means of preventing the spread of tubercular infection.

Any person who joins the Congress is privileged to present a paper, provided it is pertinent to the subject of tuberculosis. In Dr. Leverson's case, he did present a paper under the title, "Is Tuberculosis Infectious?—Should It Be Prevented by Legislation?", but a large part of his paper was foreign to the subject. In the first place, the title of his paper shows the fallacy of his logic. No medical man of moderate reasoning power would countenance the premise that tuberculosis can be prevented by legislation. All that legislation can do is to decrease the spread of the infective agent and thus avoid tuberculosis.

The title of Dr. Leverson's paper assumes that legislation does prevent tuberculosis, and the question he raises is whether it should do so or not.

The first part of his paper considered the question of the infectivity or communicability of tuberculosis and many other diseases, like small-pox, etc. This assuredly was Dr. Leverson's right, if he was sincere and his powers of reasoning could permit such deductions from the known facts. But when he launched out into a tirade against the profession, their moral status, their motives, etc., he overstepped the bounds of any supposed contribution to science. His ideas were so opposed to fundamental facts, and his attack on the profession was so vituperative, that the question immediately arose in the meeting as to the advisability of letting him finish his paper. He was allowed to, however, in order to demonstrate the liberal policy of the Congress to hear both sides, if there really were two. At the conclusion of Dr. Leverson's paper it was given to the meeting for discussion. But there was no discussion. It was universal condemnation. Condemnation for his illogic deductions and his ridiculous, fanatic denial of established and incontrovertible facts, and for the bad taste and effrontery of any man who could perpetrate such a paper on a scientific body. A motion was promptly made condemning the sentiments of the paper and ordering that it be not printed in the transactions of the Congress. This was passed almost unanimously, the only dissenting vote being cast by Dr. Leverson himself. Chagrined and demolished, Dr. Leverson left the room in high dudgeon.

The universal opinion of the members of the Congress present, was that Dr. Severence was laboring under a condition of mental alienation which should excite pity rather than animosity. To save further embarresment to all present from having to witness a continuation of the pathetic spectacle presented by the incident, the matter was completely dropped.

Taking into consideration the above facts, the newspapers of the country should be rather chary in presenting such views by such a man, as authoritative and substantial.

### 

Surgical Treatment of Pulmonary Tuberculosis.—Tuberculosis of the apex of the lung, even when quite extensive abscess is present, may now be safely subjected to surgical treatment, by extensive resection of the second rib, detaching the pleura with the hand as one cuts the pages of a journal, freeing the lung without opening the pleura, and after locating the lesion by palpation, opening the cavity with the knife or thermo-cautery. No large vessels are thus encountered, and the operation is comparatively simple. It is indicated in case of a single large cavity, with the remainder of the lungs and the large bronchi very little, if any, affected, and no other organs involved. Sarfert has thus operated on a woman of 40 and found solid adhesions after resection of the second rib. The loss of blood was remarkably slight, both in the wound in the bluntly detached lung and in the newly formed layers of connective tissue on lung and pleura. position and size of the cavity were readily ascertained and it was extensively opened. There was no asphyxia nor dyspnea. The large cavity communicated with a second smaller one; both were easily tamponed. The wide gap left between the apex of the lungs and the thorax gradually closed by granulation. Neither the previous hectic fever nor hemoptysis recurred. The wound had closed in three months to a granulating strip 3 cm. wide with a crater 3 cm. deep. After two months of euphoria the patient succumbed to an attack of pneumonia in the lower lobe of the other lung. The autopsy showed that very few tubercular nodules were scattered over the lung that had been operated on; there were no evidences of the cavities. The apex had become transformed into tough connective tissue, but the remainder of the lung was air-tight. -Am. Jour. of Surg. and Gynecology.

Value of Ammonium Chloride in Surgery.

-Chloride of ammonium, in solution of an ounce to a pint and a half of water, with a slight addition of alcohol, makes an ideal lotion in all kinds of surgical operations, cuts, crushes, lacerations, etc. The chloride of ammonium, besides being antiseptic, has the power of stimulating organic cells to action, so that apparently dead tissue is stimulated to contraction by it as by galvanism. Try this on the heart of a chicken, rabbit or fish, and you will see the demonstration. By this means bad crushes may often be successfully treated that would otherwise require amputation or result in death of the part, also a constant lotion of this mixture will often restore parts in which gangrene is actually threatening. - Medical Sentinel.

### NEWS, NOTES AND FORMULAE.

The School for Health Officers under the direction of the State Board of Health will be held in Burlington July . An elaborate program has been provided and a most instructive session is anticipated. Several prominent sanitarians from tside of the State will read papers.

Dr. H. Edwin Lewis will spend the summer in Europe, engaging in special study. Dr. Lewis will attend the British Congress of Tuberculosis as a delegate of the American Congress of Tuberculosis, and read a paper on "The Development of Tuberculosis in the Individual."

INTESTINAL CATARRH.

The most efficient remedy in catarrhal conditions of the intestinal tract is silver nitrate. It may be given in ‡ grain doses 3 times a day, between meals, but often 1 of a grain a t bedtime will be found ample and effective.

#### RESULTS OF SPINAL COCAINIZATION.

Spinal cocainization now has six deaths charged to it, and only 2,000 injections have been made. This mortality is horribly high as compared with older methods of anesthesia, and should prevent any further experimentation on the human being; at least until more thorough tests have been made with animals.—Med. World.

\* \* \*

#### FOR TINNITUS AURIUM.

R Ac. Hydrobromici dil. oz I Syr. Zingiberis q s a d oz IV

M. Sig. A teaspoonful in a half glass of water every four hours.

### Sterilizing The Clinical Thermometer.

It is too often the case that the general practitioner does not give the proper attention to sterilizing his thermometer. When he enters a sick room he usually asks for a towel moistened with some water and is satisfied with washing the thermometer in water alone.

Dr. Wm. H. Dyer, in *Phil. Med. Jour.*, suggests that a few drops of formalin—40 per cent. solution of formaldehyde—be placed on some cotton in the bottom of the thermometer case, which affords a very effective method of disinfecting and sterilizing the thermometer. The gas is readily liberated from the solution and the thermometer case being air tight practically prevents the escape of the gas and the evaporation of the liquid. In this way the thermometer is subjected to the germicidal action of the gas. Before placing it in the patient's mouth it should be rinsed in water and dried, as formaldehyde is irritating to the mucous membranes.—*Med. Mirror*.

### **CLINICAL EXPERIENCE WITH ADRENALIN**

By Emil Mayer, M. D., Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association; and of the New York Academy of Medicine, New York. Abstract from original paper, in the *Philadelphia Medical Journal*, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness, and the inexactitude of its various strengths, tend to make us welcome a preparation that is exact, stable, and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raised the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, 1 to 1,000, 1 to 5,000, and 1 to 10,000; his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color: they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions, and now there is but slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the aqueous extract of the suprarenal gland was obtained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of Adrenalin. The adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continous treatment of acute inflammatory afections of the accessory sinuses.

The author arrives at the following conclusions: 1 Adrenalin Solutions supply every indication for which the aqueous extract has been used. 2, They are sterile. 3, They keep indefinitely. 4, Solutions, 1: 1,000 are strong enough for operative work; and 1: 5,000, and 1: 10,000 for local medication. 5, They may be used with safety.

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"My own remedy (for bronchopneumonia), which I have often advocated for the past twenty-five years for converting a viscid bronchial secretion into a freely flowing liquid, is the emulsion of linseed oil. This emulsion is now sold extensively throughout the country as a proprietary article \* \* \* \* All that I wish to say about it now is that I do not know of any so-called expectorant in bronchitis which equals it, as I have lately had occasion to note in consultation cases of influenza when other remedies for this purpose had previously been fully but vainly tried."—From a paper on "The Treatment of Influenza," in the New York Medical Journal, Jan. 26, 1901.

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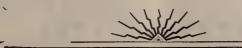
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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medica Association.

Vol. VII.

JULY 25, 1901.

No. 7

# Glonoin: Its Pharmacology, Physiologic Action, Toxicology, and Therapeutic Uses.\*

By H. Edwin Lewis, M. D., Burlington, Vt.

Glonoin, or what is more commonly called nitroglycerin, is a trinitrate of glyceryl represented by the formula  $C_3$   $H_5$  (NO $_3$ ) $_3$ . This chemical compound, which is of comparatively recent discovery, was first described by Sobrero, of Turin, in 1847. He noted its remarkable explosive properties, but it remained distinctively for Nobel, a Swedish engineer, to place its use on a practical scientific footing.

In medicine glonoin has not held a prominent place until recently. A few years ago several investigators, notably Brunton, Armstrong, and Hay, experimented with the drng, carefully studied its physiologic action, and came to the conclusion that it deserved a great deal more consideration at the hands of the medical profession than it was receiving. But several disagreeable symptoms which were frequently observed following its administration led cautious medical men to be very chary in regard to using it for routine medication. More recent study, however, of the action of glonoin, and its consequent wiser application to

<sup>\*</sup>Reprinted from Merck's Archives for May, 1901.

certain diseases, has demonstrated to the satisfaction of the general profession that few drugs at our command are more valuable in indicated conditions.

Glonoin is a pale yellowish, oily liquid, which is produced by the addition of glycerin to a mixture composed of one part of fuming nitric acid and two parts, by weight, of sulphuric acid. The whole mixture is kept at a low temperature for several minutes and then thrown into cold water. Glonoin rises to the top in the form of an oily liquid, and is thoroughly washed in order to remove all traces of acid.

The drug has a sweetish, pungent taste. Its specific gravity is 1.525 to 1.6, and while quite insoluble in water is readily so in alcohol, ether or methylated spirit. The pure form of glonoin volatilizes at 212° F. without decomposition, and freezes at 4° F. The commercial form crystallizes at 46.6° F. into long, slender, prismatic needles, which explode with violence when broken in the air.

In medicine glonoin is commonly administered either in its official form, which is the Spiritus Glonoini, a 1-per-cent. alcoholic solution, or in tablets of various sizes, 1-100, 1-250, or 1-500 of a grain. Although a nitrate, the action of glonoin when introduced into the body is specifically that of the nitrites, though for some reason much more persistent in its effect. Hay has published the results of some elaborate experiments that show that alkalies decompose glonoin with the production of nascent nitrons acid (HNO<sub>2</sub>). Since his results have been confirmed by other observers, there seems to be good reason for his belief that glonoin is decomposed by the alkalies of the blood when taken into the body, and that it produces its effects on the human system as nitrons acid and the salts that are formed through combination with certain chemical constituents of the blood, more particularly the sodium salts.

<sup>1</sup> The Practitioner, xxx. p. 422.

The initial effect of glonoin is to dilate to a marked extent the arterial blood vessels. This is brought about in two ways: first, by the direct action of the drug on the muscular coat of the arteries, and, second, by its depressing, almost paralyzing, influence on the vasomotor nerves. As a consequence blood pressure is lowered and the pulse made softer and more compressible. The capillaries participate in the general arterial dilatation and accordingly the skin, particularly of the face and neck, becomes flushed. The rapid reduction of blood pressure often produces a disagreeable sense of cerebral tension and throbbing of the vessels in the neck and temporal region, and the headache is frequently quite severe and distressing. Five minutes after the hypodermic injection of 1-100 grn. of glonoin I have witnessed with the ophthalmoscope a very marked increase of size in the retinal arteries of a healthy person.

The effect of glonoin on the heart is twofold, depending on the conditions present. If arterial tension is normal, the heart is increased in frequency but decreased in force. If, however, the tension is increased above normal from mechanical decrease of the caliber of the arteries, as in arterio-sclerosis or from constriction attending vasomotor disturbance, the heart's action is increased in both frequency and force. In the first case, the heart is increased in action by the depressing effect of glonoin on the pneumogastric nerve, which effect is far more potent in increasing the heart's frequency than the usual tendency of a suddenly lowered blood pressure to slow the heart. The heart's action is diminished in force by the direct effect of the drug in weakening the cardiac muscle. But in a condition of disease, while the same forces are at work, the presence of any vasomotor disturbance is a factor in the result. The influence of glonoin in producing dilatation is decreased in a measure by the forces producing the condition of tension, and so, although the muscular fibers in the walls of the arteries are relaxed, the dilatation does not take place to the extent that follows when the drug is administered in health. As a consequence a condition of blood pressure approaching the normal mean is produced, and with a decrease of the work which was necessitated by the high tension incidental to the disease, the *relative* force of the heart is increased.

Still further corroborative of the fact that glonoin is partially counteracted by a condition of arterial tension, is the fact, demonstrated by Armstrong, which I have been able to verify to my own satisfaction, that the administration of glonoin is rarely ever followed by disagreeable throbbing and headache when increased arterial tension is present. The respiration is decreased by the depressing effect of glonoin on the respiratory center. On muscular tissue glonoin is a true poison and produces paralysis both by its destruction of the muscular function and a more or less complete annihilation of motor nerve influence.

The urine is usually increased by glonoin, both in the amount and in the absolute quantities of the urea and uric acid eliminated.

Fatal cases of poisoning from glonoin are rare and only a few are recorded.' Murrell' refers to a fatal case in a patient who took one ounce of glonoin but did not die for four hours. It is pretty well established that there does exist in certain patients a susceptibility or idiosyncrasy to the drug. I have one patient in whom a dose of 1-250 grn. per os will invariably produce a severe headache lasting for several hours, and have witnessed time and time again slight numbness and coldness of the extremities, slowing of the respiration, a greatly increased but weakened pulse, and a severe throbbing headache following the hypodermic injection of 1-100 grn. From my personal observation and experience with glonoin since I became more familiar with its physiologic action I am convinced that susceptibility to the drug depends on some vasomotor condition that permits it to produce excessive dilatation of the arteries. Where the vasomotor or

<sup>2</sup> Med. News, Oct. 31, 1896.

<sup>3</sup> Woodman and Tidy, Jour. de Pharm., xxvi, p. 356.

<sup>4</sup> Lancet, Aug. 29, 1896.

mechanical condition is such that full dilatation is prevented, a special tolerance to the drug will be found to exist. As I have said before, Armstrong' noted this fact several years ago and reported quite a number of cases in substantiation, among which was a patient with asthma and albuminuria, who was able to take 76 grn. in twenty-four hours after twenty-five days' use of the drug, with marked benefit and absolutely no disagreeable symptoms that could be attributed to the glonoin. Another of Armstrong's cases (a patient with nephritis and high tension) took 125 grn. in twenty-four hours with no disagreeable symptoms! Reading, of Woodbury, N. J., has reported a case of chronic interstitial nephritis which was apparently cured by increasing glonoin up to the point where the equivalent of 6 grains was taken daily. I have had no experience with such large doses of glonoin, but I have under treatment at present a patient with chronic nephritis who is taking, with marked improvement, the equivalent of 2.4 grn. daily, divided into four doses. In several cases of arterio-sclerosis I have given as much as 1.2 grn. daily with marked relief of distressing symptoms referable to the disease, and absolutely no inconvenience from the drug.

The symptoms of poisoning from glonoin are a rapid, weak heart, slow, labored respiration, cyanotic appearance of the skin, cold extremities, intense headache in frontal and temporal regions, vertigo, abolition of reflexes, disordered vision, and incoordination of muscular movements. Consciousness is not affected nor are convulsions produced. Death results from both respiratory and cardiac failure, the heart being arrested in diastole.

It is a fairly well established fact that the nitrites tend to produce methemo-globin in the blood. This product, which Witthaus says is probably a stage in the conversion of hemoglobin into hematin and globin, certainly reduces the oxygen-carrying properties of the blood. Since the results of the toxic influence of glonoin are analogous in many respects to simple

<sup>5</sup> Med. News, Oct. 31, 1896.

asphyxia, though somewhat less in degree, it is probable that the extreme toxic effects of the drug are partially brought about by a reduction of the oxygen in the arterial current.

The most reliable antidotes to the toxic action of glonoin are strychnine, digitalis, and strophanthus. Ergot hypodermically is of practical utility, as also are the bromides in relieving the headache and congestion of the cerebral vessels. Cold applications are also useful.

A careful consideration of the physiologic action of glonoin will demonstrate its particular field of usefulness. The drug has met with much opposition from many medical men, but its promiscuous, often illogical use has been the cause of its reputed uncertain and disagreeable action. Used intelligently, with a due knowledge of its contraindictions, glonoin is one of the most valuable drugs in the hands of the medical profession. Although not so rapid in its action as amyl nitrite, the effect of glonoin is of much longer duration. It is certainly much safer, especially to intrust to patients.

In all conditions of spasmodic contraction of muscular tissue, glonoin is of marked service. In angina pectoris it is equalled by no other drng, but should be given in full doses. Murrell' is one of the foremost advocates of glonoin in this disease, and to facilitate rapid absorption of the drug he recommends its administration in some stimulating mixture. His favorite formula is the following:

M. Sig. A teaspoonful every four hours, with an extra dose immediately at the onset of an attack.

Murrell also advises that solutions of glonoin be warmed at least to the temperature of the body, as the drug is thus more readily absorbed. I have found that hypodermic injections of

<sup>6</sup> Med. Brief, May, 1897.

glonoin with morphine sulphate are very efficacious in angina pectoris, but for prompt relief the dose of glonoin should be at least 1-25 grn. Following an attack, glonoin should be administered in small doses, 1-250 grn. every hour or two.

The drug is very useful to relieve the dyspnea, precordial distress, and renal symptoms which usually accompany arteriosclerosis. It is also an efficient means of delaying the progress of senile gangrene and Raynaud's disease, and used early occasionally prevents their onset.

In sciatica the hypodermic injection of 1-50 grn. of glonoin combined with 1-4 grn. of morphine will frequently give marked relief when morphine alone will have no effect. Mikhalkin' claims that glonoin has very pronounced antineuralgic properties, but I have not found it very useful in general neuralgic conditions. Osler recommends the long-continued use of glonoin for relieving the high tension and pains of locomotor ataxia.

In acute Bright's disease, with increased arterial tension, the action of glonoin is very salutary, and in uremic convulsions its combination hypodermically with pilocarpine is of marked value. I have used this combination (glonoin with pilocarpine) in a case of puerperal eclampsia with a very prompt and happy result, and feel that the two drugs combined will be found on more extended use to have a very prominent place in the treatment of this dangerous malady.

Asthma is frequently benefited by glonoin, a paroxysm being often relieved immediately by a hypodermic injection of 1-50 grain.

Intestinal, renal, and biliary colic are also often promptly relieved by glonoin hypodermically, or given internally in solution with spirit of chloroform. As a means of relieving the agonizing pain accompanying the passage of biliary or renal calculi there is no quicker remedy, excepting chloroform anesthe-

<sup>7</sup> Squibb's Eph., Jan. 1896.

sia, than a hypodermic injection of 1-50 grn. of glonoin and 1-4 grn. of morphine sulphate.

In optic atrophy, glonoin can be prescribed with frequent arrest or retardation of the decline in vision, and occasionally its use will be followed by a positive increase in the visual acuity. The drug is often serviceable in the toxic amblyopias.

The vaunted efficacy of glonoin in all cases of sudden heart failure is based on a misunderstanding of its physiologic action. When the heart is simply tired and flagging from an overamount of work and unusual demands on its force and capacity, glonoin is of the utmost value. In pneumonia and hypostatic congestion of the lungs, where the right heart is unusually taxed, both in its capacity and by the work to be done, glonoin meets the condition nicely and effectively. The effect, as some writer has said, is like bleeding a patient into himself, but it has this decided advantage over venesection, that the blood is left in the body for future use. In all conditions of sudden increase of arterial tension from acute or chronic disease, and consequent embarrassment of the heart, glonoin will invariably prove valuable. But in heart failure from actual disease or abnormal changes in the heart muscle itself, or lesions of the mitral or aortic valves--conditions which are always productive of greater or less degenerative change in the myocardial structure—the drug seems to be contraindicated.

I have used glonoin with considerable success in several cases of epilepsy where the bromides had failed, and have found that the hypodermic injection of 1-50 grn. will very frequently shorten the convulsion and succeeding stupor. In two of my cases where the aura was very pronounced and significant several hours before the convulsion, I have been able on quite a number of occasions to avert the epileptic seizure by giving hypodermically 1-100 grn. of glonoin.

Children seem to have a special tolerance to the drug, and several instances are on record where children have eaten a dozen or more 1-100 grn. tablets of glonoin without any poisonous

effects whatever. In cholera infantum with pronounced nervous symptoms, or where the skin becomes cold and clammy, glonoin is a life-saver in frequently repeated doses of 1-250 grn. Sudden attacks of cholera morbus are relieved more promptly when glonoin is added to the routine hypodermic injection of morphine. The depleting effect of the drug makes it valuable in all forms of local congestion, notably congestive dysmenorrhea, pelvic congestion and congestion of the liver or kidneys.

In the majority of cases glonoin can be given with the best results in small, frequently repeated doses, say 1-250 grn. every hour, and often every half hour. But where the indications call for larger and increasing dosage, the official spirit should have the preference and be courageously pushed in graduated doses as long as the patient does well and shows no disagreeable effects from the drug.

51 N. Union Street.

The Hot Vaginal Douche.—An editorial in the Lancet-Clinic for May states that "In female pelvic troubles there is no one remedial measure that is so much used and gives such good results as hot-water vaginal injections."

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Special stress is laid upon the quantity and temperature of the water, and it is stated that from two to three gallons should be used and at a degree of about 112°.

However, to check abnormal secretions some astringent antiseptic preparation should be used, and for this purpose Micajah's Medicated Uterine Wafers are particularly indicated.

These wafers exert a tonic effect upon the mucous membrane and prevent reaction after douching.

A thorough hot douche followed by the insertion of a Micajah's Wafer presents an ideal treatment for diseases of the female genital tract.

# The Influence of the Bacillus in Pulmonary Tuberculosis.

By Hubbard Winslow Mitchell, D. D., Ex-President Medico Legal Society.

The special object of this paper is to inquire what specific function the tubercle bacillus plays in the disease known as Pulmonary Tuberculosis, and what influence it has, if any, in inducing this disease in a lung, which was previously healthy.

Prior to the year 1882 many observers in our own country and in Europe, suspected that this disease was produced by the introduction of a germ into the cellular tissue of the lung, and setting up an ulcerative process of the lung, known as tuberculosis.

After considerable research, Prof. Koch, of Berlin, stated that he had discovered the long looked for germ, and announced his discovery to the medical profession. Since his time it is universally believed that the bacillus is the active and only agent in setting this disease into activity, and so thoroughly is his idea fixed in the medical mind, that when a case of ulcerative disease of the lung presents itself, if the sputum shows the presence of the bacillus, it is regarded absolutely as a case of Pulmonary Tuberculosis, and if a case identical with it in all respects is presented, and the sputum contains no bacilli, then it is not regarded as a case of tuberculosis.

No case of lung disease can be called tuberculosis, unless it shows the presence of the bacillus of Koch, and this idea seems to be everywhere accepted, but if we accept it, then a great number of cases of lung disease in which the sputum shows no bacilli

Read before the Medico-Legal Society and American Congress of Tuberculosis in joint session, May 15-16, 1901.

from first to last, are not tuberculosis. My own belief for a long time, was that held by the general profession, namely, that tuberculosis, per se, could not exist without the presence of the bacillus.

During the past five years, 675 cases of Pulmonary Tuberculosis have come under my personal observation, and in every case without exception the sputum was examined one or more times by the most competent and experienced microscopist in this city, and it was found after most careful search, that a considerable percentage of cases contained no bacilli whatever, and yet every symptom during the course of the disease was identical in character with those cases of the disease which contained bacilli.

I have selected from my own practice 102 cases of pulmonary disease that I regarded as typical cases. All of them were under my care for considerable periods of time, namely, from one to three years, and I had an opportunity of seeing them at short intervals, and of treating them myself.

The microscopical examinations of the sputum in these 102 cases revealed the following facts:

cuses revenued the following facts.	
Cases where no bacilli existed	25
Cases where few bacilli existed	44
Cases where numerous bacilli existed	22
One case contained only one single bacillus during the entire	
progress of the disease	1
Cases that had few bacilli in the beginning and increased in	
number later	2
Cases where few bacilli existed and disappeared soon after-	
wards	4
Cases where none existed at first and few appeared after-	
wards	4

It will be asked at once what methods were followed in the examination of the sputum, and some will question the accuracy of these examinations, but precision of method cannot be called in to question when I mention the care with which these examinations were made.

All of them, namely, the 102 cases, were examined at the Department of Health of this city, in the Division of Bacteriology, and the very accurate and scientific methods employed by the Board of Health, are too well known to admit of any doubt-Some of these cases were examined several times by the Board of Health, and all of them were secondarily examined by a Microscopist of deservedly high reputation above mentioned, who employed the methyline blue stain, and used a 1-12 objective lens in oil immersion, and the results of his examinations in every case agreed with those made at the Board of Health, so that there is absolutely no question as to the accuracy of the methods of examination employed.

The results of these examinations in the above mentioned 102 cases, as well as the examinations of all the cases, have led me to divide cases of Pulmonary Tuberculosis so called, into the following divisions:

First. Cases in which no bacilli were found at any time.

Second. Cases in which few bacilli were found and continued during the progress of the disease.

(By few bacilli, I adopt the significance of the term employed by the Board of Health, namely, "where bacilli are not present in every field, but only one or more are to be found in the entire preparation.")

Third. Where numerous bacilli are found and persist during the continuance of the disease.

(By the term numerous I again follow the Board of Health which says "that the bacilli are present in every field, and that each field contains more than five bacilli.")

Fourth. Cases where few bacilli are found at first, and afterwards that is, during the end of the term of treatment, no bacilli whatever are found. In these cases the bacilli disappear during the active treatment of the disease.

Fifth. Cases where no bacilli are found at first but appear several months afterwards, during active treatment. These sometimes persist until recovery.

The above five divisions are not arbitrary, but are based upon practical and careful observations of this disease.

As regards severity of symptoms I have found that cases containing no bacilli, or few, differ very little from each other, not only do they not differ in severity of symptoms, but they maintain a very close parallelism as they proceed to recovery or death.

If then, say about one-third of the cases of pulmonary disease do not contain bacilli at any stage of the disease, and yet resemble those cases which do contain bacilli, in every symptom and detail what influence does the bacilli exert upon cases of ulceration of the lung, for, after all, the term Pulmonary Tuberculosis is not as good a term as ulceration of the lung, if we could prove that the bacillus does not set up the disease. If the disease is not induced by the introduction of a germ, the bacillus, what does induce it?

In a paper I had the honor to read before the Medico-Legal Society on October 17th, 1900, I suggested the idea that perhaps the pus-cell was the carrier of the special toxic principle of this disease and that it, and not the bacillus, was the exciting cause. For it is seen that cases where no bacilli or few bacilli were present, were identical, then the cases where they did not exist could not be induced by the bacillus. It must be produced by some other cause. We know that the pus-cell is never absent. In an ulcerative and suppurative disease like this, the pus-cell is of necessity formed, else there would be no suppurative process.

Now it seems to me that the pus-cell which is the carrier of disease in other maladies, must be the carrier of the disease in Pulmonary Tuberculosis. I still use the term Pulmonary Tuberculosis, because it is generally and better understood, but if the views I here advance are correct, that the bacillus may not be

the mischievous element, then the term ulceration of the lung is the more correct.

If we will look through the microscope at a properly stained specimen of tuberculous sputum, we see one or more or no bacilli. When met they are very minute in size and seem incapable of setting up the mischief we find in a diseased lung, but the same field under the microscope is always crowded with pus-cells.

The significance of all this is as follows:

If a case of lung disease presents itself, and no bacilli are found, it is usually dismissed as a simple case with little heed paid to it, and herein lies the mischief.

Every observer of experience will agree with me that a given case of lung disease whether it contains bacilli or not is a very severe and protracted and often fatal disease.

As stated at the outset of this paper the object is to inquire whether the bacillus is the disseminator of the disease or whether the pus-cell is the active agent, and when we consider that the pus-cells are thrown off by the million, and the minute bacillus in fewer numbers or not at all, we are forced to the conclusion that the real carrier of the disease is the pus-cell and not the bacillus.

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Infant feeding is an especially important and difficult problem during the heated term. The directions formulated by one of the leading American specialists, which were first published by The Maltine Company last summer, proved of immense service to many progressive practitioners. A new edition, comprising clear instructions and a liberal number of detachable recipes, tastefully bound, can be had gratis by applying to The Maltine Company, Eighth Avenue and Eighteenth St., Brooklyn, N. Y.

#### BIOPLASM.

Bioplasm is a name given a solid extract of the Saracenia Purpura (Pitcher Plant) with vital incitant and alterative properties. The nomenclature is derived from Prof. Lionel S. Beale's somewhat fanciful determination of the organic cells into Protoplasmic and Bioplasmic. The former he regarded as a mass of formed material (pabulum) with no inherent vital power, and the latter a cell, or principle which stimulated the activity of the Protoplasm.

I believe it is generally conceded by our best physiologists that the osmotic theory of cell nutrition furnishes the most logical working hypothesis, but as the drug exhibits such a diversity of action I thought at first that a principle corresponding physiologically to Beales' ideal, Bioplasm, had been elaborated, and so borrowed that title. This by way of extenuation for the use of that term.

Physiologically it stimulates the vaso-motors, increases nerve enervation, alters morbid glandular secretions, and contracts and tones up the unstriped muscular fibre. It has been exhibited successfully in that form of neurasthenia which Prof. Ambrose L. Ranney aptly terms "nerve bankruptcy," nerve atrophy, toxic amblyopia, ataxia, occupation neurosis, ptosis, paralysis, sciatica as the result of inanition, impotence, amnesia, atonic dyspepsia, malaria, particularly when associated with a low form of nervous fever with spleenitis, dysmenorrhœa, menorrhægia, prolapsus, when due to lack of muscular contractility, and all senile conditions associated with atony, anexoria, debility, sub-oxidation, etc.

It has also been of service in phthisis, relieving the night sweats and cough (the latter, I judge, from its influence over the pneumogastric) promoting appetite and the capacity for assimilating food. So far as my experience goes Bioplasm is absolutely non-toxic. I have repeatedly given from 1 to 2 oz, at a time to dogs and cats. Pulse and respiration were decidedly increased.

The stimulating action was strikingly similar to that of cocaine, the animals leaping and running at full speed around the room, in marked exuberance of spirits. This condition persisted intermittantly for from twenty-four to thirty-six hours, followed by an inordinate hunger lasting several days. There were no symptoms of after depression, so far as I could observe.

In man, overdose produces nausea, vertigo, congestive headache and palpitation. It is contra-indicated in all febrile conditions, neuritis, sexual neurasthenia, heart lesions requiring sedation, etc. The average dose of Bioplasm (Schriffelin & Co.) is gr. x to gr. xv t. i. d. after meals.

EDWIN F. BOWERS,

New York City.

#### Thurber Medical Association.

The meeting on June 20 was held at Hotel William, Milford, in the evening, and was known as "Ladies' Night," the wives of the members being specially invited.

Supper was served at half past six o'clock to the members and their ladies, after which the social gathering and literary exercises were held in the parlors of the hotel.

The general subject for the evening was "Lessons from Experience," with chapters by Drs. Johnson of Uxbridge, Browne of Blackstone, Haviland of Holliston, White of Uxbridge, and French of Milford. Of these, however, Dr. Browne telephoned that he was detained by an imperative call at the last minute, and Dr. White was unable to be present, probably on account of his health. The chapters read, however, furnished an entertaining variety, running "from grave to gay, from lively to severe," according to the humor of the writers. It was expressly stipulated that nothing should be read which was of any scientific value. The writers were allowed to make their papers ornamental if they chose and could succeed in doing so; but they were positively enjoined against making them useful. For one night the doctors threw off dull care, forgot their patients, and told stories.

It was thought best not to meet again during the hot weather, and the society adjourned to meet at the call of the president.

### The Vermont Medical Monthly.

A Journal of Review, Reform and Progress in the Medical Sciences.

H. EDWIN LEWIS, M. D., EDITOR.

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#### EDITORIAL.

#### The Need of Good Roads.

Although not a medical subject the question of good roads should always be one of vital interest to the majority of medical The country physician, and most of the doctors in Vermont are country physicians, spends nearly half of his professional life on the roads of his locality, and if those roads are bad, his nsefulness is decreased fully one-third.

If it is true that good roads are an index of the progress of a community, the Vermont towns with few exceptions, are pretty far in the rear of the moving procession. The average Vermont road is bad, almost bad enough to require a forceful adjective in describing. To one who has travelled over nearly the whole of our State and observed the local uplifting influence exerted by the few good roads on the farms and people using them and the reverse influence of the numerous bad roads, there can only come surprise that the people of Vermont do not throw more energy into the building up and repair of their highways. For nearly ten months of the year, the average Vermont road is really unfit for travel, to say nothing of fitness for hauling heavy loads. The other two months the average road is passable but very far from being good. In an enlightened State this ought not to be so, for all people should realize the value of good roads. Bad roads depress the people who are obliged to use them, lower their earning capacity, decrease their ambition, and certainly increase drunkenness, depravity and slothfulness. Good roads bring the people who use them in closer relation with the outside world, facilitate the marketing of their produce, thus stimulating production, cultivate thriftiness and in every way make the people happier, better and more useful citizens.

The people can make no better or safer investment than in building good roads. State legislation along this line would meet with the approval of every intelligent person and far greater benefit would result for Vermont in population, industry and general progress through the wise development of highways under State supervision than from any other source.

Realizing all this, let the doctors of Vermont use their influence in stirring up the people to the paramount need of the State in better roads.

#### A Voice From Zion.

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Dowie, the invincible, the incorrigible, the indefeasible, the inconceivable, in fact the "in" of everything, who has been illuminating the dark shadows of Chicago with his intellectual incandescence has lately purged himself of the following:

"DOWN ON THE DOCTORS.
(Dowie's Reply to the Doctors.)

Turn to the last chapter of Malachi. In all the old translations the word "sorcerer" appears. But the real word meant

purveyors of deadly poisons—in other language, doctors, druggists, surgeons—a class accursed of God and man. O, may I be enabled to rid the earth of these wretches, these cowards, liars, thieves, thugs, scoundrels, betrayers of God and deceivers of the people. And as for you, you dogs of the press and you ecclesiastical wretches, who dread me and my voice, I say: "Come to the battle as soon as you like." I close the week with a glorious victory. Zion triumphs over her enemies. We licked you in 1895, when we were not one-fifth as strong as we are today, and at the next conflict we will beat you out of your boots and hurl you over the precipice, you brutes, you cattle! Where in the name of heaven have you come to if the pastor of a church cannot pray over the bedside of some of his dying parishioners without being arrested for manslaughter?"

Merciful heavens! What manner of man is this? With a dull, sickening sensation the cardiac thub—thub—thub—of the reader grows louder and quicker. Are these noble, elevating, indubitable words the expression of some herald of the gods? Or can it be that we medical men have been found out at last and these words are the trump of our doom? The doubt that enthralls us is almost overpowering.

But fear not, O reader. At the time when Balaam's Ass spoke, a precedent was established which has been responsible for many such linguistic feats ever since. The above foul, filthy, incoherent and ignorant remarks are but the spiritual ebullition of a monster who stands before God and man as morally if not criminally involved in the death of at least one helpless, suffering woman. If there is a God, Dowie is the most pitiful of human wretches and his mundane posing vanishes to nothing when we stop to think what a miserable spectacle he will present at the Judgment Seat.

# Medical Abstracts.

Tonsillitis.—Dr. E. B. Gleason (Ther. Gazette) says that when silver nitrate is applied to mucous membrane it is at first irritant, then sedative. The sedative effect is due to the fact that the inorganic salt is changed into sedative organic compounds. Whether the irritant or sedative effects of silver nitrate predominate, depends largely upon the character of the epithelial layer of the mucous membrane to which it is applied. If a sixty-grain solution be painted upon the posterior wall of the pharynx, the irritating quality is manifested, and produces discomfort, persisting for some time. If, however, this solution be painted upon inflamed tonsils and the inflamed lateral wall of the pharynx, the primary irritant qualities of the nitrates are scarcely perceptible, and the procedure is followed by a sense of great relief and comfort. Painting the lateral walls of the pharynx with a sixtygrain solution two or three times a day is one of the best methods of aborting acute pharyngitis and tonsillitis. The reddened parts are at once blanched, partly as the result of the astringent effects of the silver, and partly as the result of the formation of a closely adherent organic compound of the silver. The sedative effects of the application are so marked, that the patient is usually able to at once swallow without much discomfort. This treatment, if repeated twice or thrice a day, for two or three days, will in a large proportion of cases abort phlegmonous tonsillitis.—Med. Brief.

Earache.—Probably the best method of controlling this affliction of childhood is the use in the ear of three or four drops

of a solution of one drop of carbolic acid in fifteen of glycerin, or the same quantity of a solution of chloral hydrate, one grain to ten drops of glycerin.—*Peoria Med. Journal*.

Removal of Ear Wax.—Baerens (Reg. Med. Vis,) says that in the removal of impacted cerumen as little instrumentation as possible should be indulged in. Much harm often follows the use of probes, forceps and hooks in untrained hands. Hardened wax may be softened by the instillation of a solution of sodium bicarbonate and glycerin and water, three times a day. In syringing, the stream should be directed along the upper wall of the canal, the object being to force the water behind the plug, and not against it. If much force is used vertigo often results.—Ex.



The International Medical Annual.—A year book of treatment and practitioners' index. Thirty-four contributors, American and foreign. Nineteenth year. 1901. Octavo, 682 pages. New York and Chicago: E. B. Treat & Co. 1901. [Price, \$3.00.]

The nineteenth annual issue of this popular work is before the profession for its approval and acceptance, and is a worthy successor of a long line of valuable medical contributions. The present volume keeps abreast of the times and some changes are noticed looking toward that end; thus in the department of therapeutics an excellent article is added on toxins and antitoxins, the conjoint work of Professor MeFarland, of Philadelphia, and Dr. William Murrell. Another very important chapter is that on the influence of light on the various tissues of the body, also by Dr. Murrell. X-ray work in medicine and surgery is ably handled by Dr. MacIntyre, of Glasgow; Color-blindness, by Dr. Edridge Green, and another special article by Mr. Turner, on dental and oral surgery. The other departments are up to the usual standard; that on tuberculosis having been undertaken by Professor Puata of the University of Perugia, Italy.

The large number of excellent illustrations scattered throughout the text add greatly to the value of the book.

The work is a necessary adjunct to every weil equipped library and becomes more so with every issue. Treat & Co. deserve much commendation for their efforts in behalf of the profession.

A Text-book on Practical Obstetrics. By EGBERT H. GRANDIN, M. D., Gynæcologist to the Columbus Hospital, etc. With the Collaboration of George W. Jarman, M. D., Instructor in Gynæcology in the Medical Department of Columbia University, etc. Third Edition, Revised and Enlarged. Illustrated with 52 Full-page Photographic Plates and 105 Illustrations in the Text. Pp. xiv-511. Philadelphia, New York, and Chicago: The F. A. Davis Company, 1901. [Price, \$4.]

The third edition of this splendid book is at hand. In each of its former appearances we have heartily praised the book, and we can only echo our former remarks. It is one of the best American works on obstetrics and in pictorial value it is without an equal. The book has been enlarged and brought up to date. Students and practitioners alike will find it very useful and take great pleasure in commending it sincerely as a highly valuable book on an important branch of medical science.

# PUBLISHER'S DEPARTMENT.

Ergoapiol—(Smith) as an Emmenagogue and Oxytocic.—By M. A. Auerbach, Ph. G., M. D., New York City. Ergoapiol (Smith) being introduced, as I understand and have reason to believe, to the physicians only, and under all the rules of Professional Ethics and furthermore as it has proven exceptionally efficacious in its indications, it seems reasonable that I should report the results of my investigation with the same.

As the stoppage, scantiness, or non-appearance of the menstrual flux arises from very different causes, and as these causes are of diverse or even opposite natures, and may often be removed by drugs, it is obvious that very many remedies of very different character are indirect emmenagogues. Thus, amenor-rhea may depend upon plethora, or it may be the result of anaemia; and while in the one case, depletory medicines are indicated, in the other case, tonics are no less essential. As a direct emmenagogue, Ergoapiol is the drug par excellence. In such cases where uterine stimulation is required Ergoapiol should be given.

Another thing of vital importance in favor of Ergoapiol (Smith) is its non-toxicity and entire absence of narcotic action. Unlike ergot where one has to be continuously on the lookout for ergotism, or other results following the use of numerous other emmenagogues, whose action has proved fatal in so many instances, Ergoapiol (Smith) can be given without fear.

As an oxytocic, Ergoapiol is second to none. Its action is far superior to that of the best fluid extract of ergot on the market to-day. It has for the past year become routine practice with me to administer Ergoapiol after each confinement.

Ergoapiol (Smith) has given me better results than any drug I have ever used. I prescribe it in all my cases of dysmenorrhea. Success upon success has gratified my efforts since I began using it. Its therapeutic merit as an emmenagogue is simply phenomenal.

In concluding, would say, that the physician should here lay aside his skepticism and give this remedy a thorough trial. Doubtless, most physicians feel, as I did when I first learned of Ergoapiol, that it is about as good as the apiol sold in the market, which is indeed inert and ineffective.

With great pleasure, I cite a few of the many cases treated with this remedy:

Mrs. W., Madison Street, New York City, age thirty-nine, widow, has had severe backaches shortly before and during her whole menstrual period, which usually lasted from three to four days. I dilated her cervix between her periods some two months back, but it did no good. I administered Ergoapiol (Smith), one capsule t. i. d., and to my surprise, she has gone through her last monthly period without pain or discomfort.

Miss X., James Street, New York City, age nineteen, single, contracted syphilis six months ago and ever since that time, although under treatment for the above named disease, has had severe pains with scanty flow during her menstrual epochs. Her physician tried, so she tells me, "most everything he knew of" without avail. She came to me about two weeks before her last periods were due and I gave her two prescriptions, one for a douce to "begin at once" and the other, two caps Ergoapiol, t. i. d. one day before her expected period and to be continued for the following three days. I am glad to state that she has passed through her time with a full flow and absolutely painless.

Mrs. F. M., Sixty-second Street, New York City, has suffered intense pain before and during her menstrual periods. I administered Ergoapiol (Smith) about four days before the expected time, one capsule three times daily. She went through her period without the slightest pain or ache.

Miss McG., single, age nineteen, began menstruating at fourteen. Irregular and extremely painful. Administered Ergoapiol as per above mentioned cases with the following result: Noticed a great improvement. Pain was very much lessened and did not compel patient to seek her bed. Repeated the Ergoapiol during her last term with the happy result of an absolute cure.

Mrs. M. M., Cherry Street, New York City, married, suffered great pain during the first and second day of her "term." Gave Ergoapiol, one capsule every four hours as soon as the term began, and had the usual pleasing results of a perfect cure.

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The Anodyne Treatment of Acute Peritonitis. - McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis,") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts, are practically useless. Hot-water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitro-glycerine, should be judiciously employed. - Medical Nerns.

Laxation in Constipation.—By J. A. Rene, M. D., West Superior, Wis. The successful treatment of constipation does not consist in simply momentarily relieving the overloaded

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intestinal organs, because some of the pathological conditions coexisting may persist even after this result has been obtained.

The fact that there is an intimate association between the intestinal and cerebral functions was early recognized by the ancients—a fact that shows the need of attending to the cerebral disturbances while correcting the pathological conditions of the gastro-intestinal tract.

The habitual use of purgatives is not to be encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be one aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been the primary cause of the constipation, or have been brought about by the constipation itself.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarin, etc., but of all the recent preparations which have come to my notice I have found the Laxative Antikamnia & Quinine Tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.

A close study of this combination shows that it is a tonic-laxative, analgesic and antipyretic—and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelæ of typho-malarial cachexia, when a gentle and safe laxative combined with an anti-periodic is required, I have found this preparation of the utmost value. The co-operative or synergetic properties of these ingredients will readily commend themselves to the profession.—Chicago Medical Times.

#### The Early Diagnosis of Locomotor Ataxia.

The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (Med. Wochenschr.) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign and "Rhomberg's Symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastrointestinal disturbances, not typical of tabes, and with bilateral puresis of the sixth nerve and pupil sign. Author insists on the necessity of always investigating the knee-jerk and pupil reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis, Antikamnia and Salol Tablets have been found most excellent when given in doses of two tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well-known.

Summer Complaints of Infants and Children claim particular attention just now and there is nothing so efficient as the Phillips' Milk of Magnesia in treating many conditions of this nature.

This preparation need only be mentioned to bring to mind its special value in correcting excessive acid conditions of the stomach and intestines, as shown in gastro-intestinal irritations—sour stomach, nausea, vomiting, diarrhoea, cholera infantum, constipation, intestinal dyspepsia and accompanying disturbances, etc. It is superior to lime-water for addition to milk, particularly for bottle-fed babies.

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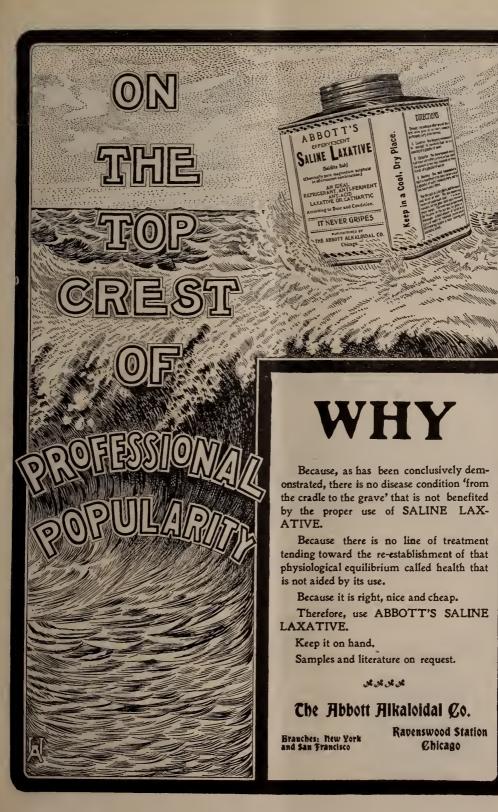
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# The Vermont Medical Monthly

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No. 8

Contribution to the Treatment of Tuberculosis by Means of Static Electricity, Inhalations by Compound Ozone and Immediate Absorption of Medicine Through the Skin.

By. F. T. Labadie, M. D., of New York.

I will not enter into any details about tuberculosis, its causes and ravages, as these are well known to you. I want simply to speak of a treatment, relatively new. Since my last communication to the congress of Paris last year I have used this treatment with my confrere and collaborator, Dr. Noel, and it has given us both very satisfactory results. Up to date the treatments employed to cure tuberculosis have failed bebecause almost all have had one purpose, namely: to kill the bacillus with substances more or less antiseptic, sometimes dangerous in the human system, and medicines, always very bad for the patient's stomach. For my part, I think, as perhaps

Read before the American Congress of Tuberculosis in joint session with Medico-Legal Society, May 15-16, 1901.

do some of my confreres, also, that the bacillus is only a secondary cause of tuberculosis, as this disease generally attacks poor people,—and by poor, I do not mean to say,—in the true sense of the word, those who are not well off,—but those suffering from poor health, overwork, malnutrition, alcoholism, excesses of all kinds, and the hereditary taint,—that is those who have inherited from their parents, not the bacillus, but the ground favorable to its development.

I think then that the treatment of tuberculosis, besides its prophylaxy, must have two points in view:

Ist, to modify the ground in which the bacillus grows, viz: restore to the patient his lost strength, restoring the vitality and energy of the human cells in order that they can resist with advantage the invasion of the enemy.

2nd, Fight this enemy and destroy the bacillus without danger to the human organism.

The treatment that I propose to-day has given us such good results that I deem it my duty to inform my confreres about it.

This treatment has been applied in Europe and in this country with most satisfactory results and answers the purpose at which we are aiming,—tonify the organism, destroy the bacillus and eliminate the toxines from the body.

This treatment is by means of Static Electricity, high frequency currents, inhalations of compound ozone and hot air treatments given with a special apparatus invented by Dr. Noel, which are extensively used in the Paris hospitals, and which I will show you here.

We know that the physiological effects of Static Electricity on the human body are the following: they regulate all the functions of the human system, improve appetite, digestion, sleep, pulse, temperature, oxidation, excretion, secretion, nervous irritability;—in one word, it increases metabolism. The

sparks, by their mechanical disturbances, bring about a great molecular change and act like massage, vibration, etc., but in a very superior manner; in short, Static Electricity brings about a general progressive improvement.

This answers the first part of the treatment: Modification of the ground on which tuberculosis grows and, if it is true, as has recently been suggested by a physician in this country, that tuberculosis is a neurosis, there is one more reason to use Static Electricity.

Now, to destroy the bacillus I will say that electricity alone can do the work, as we have observed it. To confirm what I say, I will cite the communication of Dr. Doumer, of Lille, (France), to the Academy of Medicine, and published also in the "Gazette des Hospitaux," March 6th, 1900.

Dr. Doumer employs the high frequency currents and the large static machines give the same currents. The results are very remarkable, as in a few seances he obtained the disappearance of the night sweats and of the fever. The cough diminishes, becomes less painful, the expectoration changes its color, from purulent becomes mucous and, if the patient follows the treatment for sufficient time to obtain a cure, this comes with the disappearance of the bacillus in the sputa, after three, four or five months, according to the condition of the patient.

Dr. Mays, Professor of Diseases of the Chest in the Philadelphia Polyclinic, has used Static Electricity in tuberculosis with very good results.

We think we have obtained better results by improving the method and adding to it the statcataphoresis, the inhalations of compound ozone and the hot air baths which, besides their well known effects upon nutrition and metabolism, and so on, help immensely to eliminate the toxines. The static cataphoresis is perfectly possible as the following short story will prove.

In 1747, Privati of Venice, conceived the idea that substances could be transported through the human body by means of Static Electricity, and was successful with it.

Later on, Mauduyet proved that in the treatment of amauosis and rheumatism the currents with the wooden points succeeded better than those obtained by the aid of metallic points.

In 1835, Becquerel, in his treatise on Electricity and Magnetism, speaks in a most scientific way of the transport of ponderable substances by electric discharges.

In 1838, Beckensteiner, physician in Lyons, France, and Parisal, chemist of the same city, made an experiment not less conclusive than the foregoing.

A patient being seated upon the insulated chair, has in one hand a small quantity of a starch solution. The operator having dipped the point of his electrode into iodine, approaches the same electrode to the patient's hand so as to obtain a spark and instantly the starch solution becomes blue, proving that iodine does not produce any change upon the solution.

Bacquerel conceived the idea of using different metals for his electrodes so as to obtain the transportation of the metallic salts into the human body, in order to treat and cure animia with iron, syphilis with mercury, etc.

In 1874, Dr. Etheridge, Professor of General Therapeutics at Rush Medical College, Chicago, translated into English the book of the French physician, A. Arthius, which speaks of static cataphoresis for the treatment of diseases.

In 1887, Dr. Huguet (of Vars) presented a report upon the static cataphoresis to the Academy of Sciences and the Academy of Medicine of Paris, France, and since then has employed the same method. In 1891, Dr. Foveau de Courmelles, Secretary of the Association of Hygiene of France, has demonstrated that the electric transport of medicines into the human organism can be done not only by the continuous and interrupted galvanic current, but also and especially by Static Electricity.

In 1896, Dr. Imbert de la Touche, of Lyons, also made a communication upon the same subject to the Academy of Medicine of Paris, France, and stated that he has employed this method for several years to transport medicines directly to the seat of the disease.

To-day, several physicians employ the same method for the cure of tuberculosis, among them Drs. Riviere, Gautier, Conil, and others in this country.

I will speak now of inhalations of compound ozone, which we employ in connection with electricity.

Lender, in Germany, has studied the therapeutic effects of ozone since 1848, and he has demonstrated that the inhalations of ozones, at moderate doses, ameliorate very promptly anaemia and, in general, all the cute and chronic diseases due to insufficiency of tissue oxydation, and diminishes also reflex excitability.

Clemens, of Frankfort, has for a long time treated with success, pulmonary tuberculosis by oxonized oxygen, by means of the electric sparks. Oudin and Labbe, of Paris, also use ozonized oxygen for the same purpose. Desnos of the "Hospital de la Charite" uses the same method with good results, and I will state also that diabetis and albuminuris are also treated in the same way with success.

Ozone is also a powerful disinfectant as Schoenbein has demonstrated that the air containing 1-16,000 of its volume of ozone can disinfect 540 times its volume of air from putrified matter.

The special properties of ozone have been described by Drs. Regnier and Otto from Paris in the "Berne Internationale d'Electrotherapie" in July, 1898.

Dr. Mount Bleyer, of New York, speaks exclusively in one of his communications of the ozonification of the blood by means of the electric currents.

In the compound ozone which I use in collaboration with my friend, Dr. Noel, the ozone is mixed with medicated hot oxygen, that is oxygen passing through hot medicated solutions. We prefer the hot oxygen because its absorption is greater.

I also give these inhalations by means of the medicated static spray with a special brush electrode, according to the process of Riviere and Imbert de la Touche, and I use the electrodes made by Messrs. Waite & Bartlett, of New York.

We consider an important adjunct, in many cases, the dry hot air bath given in bed, with the special apparatus of Dr. Noel's invention, which can be given at the patient's house in his own bed.

This treatment is based on the hyperemia determined by the heat in the lungs which are always deficient in blood and tuberculosis always begins at the apex, perhaps for that reason.

According to Bier the treatment of articular tuberculosis by the hyperemia stagnation and the favorable action due to laparotomy in tuberculous peritonitis prove the good effects of hyperema in tuberculosis.

By increasing the quantity of blood in the apex, the conditions of nutrition are increased, the necrobiosis is diminished, the organism is put in better condition to resist the infection and the waste products and toxines are better eliminated. The mucous membranes of the lungs becomes less dry and the excretion of mucous is facilitated. The powerful physiological

effects on this theraic process modify the constitution and give most beneficial results.

In conclusion I will say that by electricity we improve the general condition of our patients, we transport medicaments by ctaaphoresis, to avoid giving them by the mouth so as to prevent disturbances of the stomach.

By compound ozone we increase the blood oxidation, and disinfect the lungs, and by the thermal bath we facilitate the hyperemia of the lungs and at the same time, by the perspiration produced by the heat, we help the elimination of the toxines and waste products and assist the electricity to substitute new elements free of all morbid contamination.

I believe sincerely that these processes, employed with skill and judgment, according to circumstances and cases, are reliable in the treatment of all the diseases of the respiratory organs, and also in tuberculosis.

[From advance sheets Medico-Legal Journal.

Quinine in Cancer.—Dr. Jaboulay reported a year ago on the good results obtained by the hypodermic use of quinine in malignant tumors. Since then the author discovered that quinine taken by the mouth exercises the same beneficial influence. He gives 16 grn. daily, interrupting this medicine for two days in a week, to avoid intoxication, giving Fowler's solution during this interval. Vaginal and rectal injections of quinine have also been tried, without success, however. On the other hand, the external application of a 10 per cent. quinine ointment to cancerous ulcerations is warmly recommended.—

Merck's Archives.

#### The Treatment of Suppuration of the Middle Ear.

By H. Edwin Lewis, M. D., Burlington, Vt.

Few diseases that medical men are called upon to treat try the soul of both physician and patient like chronic suppuration of the middle ear. The complications of this distressing ailment are so serious, however, and so fraught with danger to the patient's life or whole future, that wise treatment is of the utmost importance from the first. Wise treatment, it is perhaps needless to say, does not consist in the mere perfunctory syringing of the ears once or twice a week, nor should the treatment be left entirely to the direction of the nurse or parents. Cessation of the discharge is by no means a sign of cure, and the real progress of the disease can only be determined by the most careful and intelligent examination. A competent physician therefore should guide and direct the treatment of otitis media from the first, for the best interests of the patient.

It should not be understood that an ear specialist is a *sine* qua non in the successful treatment and cure of chronic suppuration of the middle ear. The majority of all cases consult the general practitioner before going to the specialist, and with proper care the majority of cases should be cured by the physician whom they first consult. Failure to so cure, in the majority of instances, indicates neglect of some kind. Indeed, the condition itself is almost invariably a result of neglect, and in the absence of any involvement of the mastoid antrum or cells, or necrosis of the bony wall, the continuation of the discharge is a sign of continued negligence.

Too little importance is attributed to a discharge from the ears by, not only the laity, but by many medical men. The impression that the condition—"will get well of itself"—is a common belief, but the fallacy of such a doctrine ought to be apparent. It is true that the symptoms are often very slight, but experience teaches that frequently many seemingly insignificant histories precede the most dire complications—like mastoid empyema, brain abscess, Bell's palsy or total deafness Pain is rarely ever a prominent symptom of chronic otitis media, and this probably accounts largely for the indifference shown the ailment, for the laity are extremely prone to disregard all symptoms except pain. Again, in many cases of chronic suppuration of the middle ear the hearing, even in the presence of quite extensive disease of the important aural structures, is comparatively good. On the whole then the discharge itself should always be considered significant enough to warrant careful examination, and the most painstaking treatment as long as any discharge persists.

The object of this article is to consider simple chronic discharge of the middle ear, that is, before the disease has attacked the bony structures, and while it is still amenable to competent treatment. When dead bone is known to be present,, or this condition is suspected from the character and persistence of the discharge, the case should go to the specialist forthwith for the most vigorous and skillful treatment. Likewise the first evidence of involvement of the antrum or mastoid cells should receive the best of skilled surgical treatment, which of course the general practitioner is not ordinarily prepared to give.

But the ordinary case of simple continued discharge from the middle ear can be cured by the general practitioner if he will exercise due patience and care. To begin with cleanliness is the first requisite. Oftentimes one good cleaning of the external canal and the tympanum is enough to set the case on the high road to recovery. The external canal is usually pretty well blocked by inspissated discharge, cerumen and epidermal flakes, and these should be thoroughly washed away and removed with cotton on a probe or cotton-carrier. the drum membrane should be thoroughly examined. perforation may be very slight and so small as to permit very imperfect drainage of the middle ear discharge. In such cases the opening should be carefully enlarged by the cotton-carrier on which a small portion of cotton is tightly wound. Unless the opening through the drum membrane is sufficiently large syringing through the external canal is absolutely useless, since the fluid never reaches the suppurating surfaces. Usually, however, the opening through to the tympanum is large enough for proper drainage and to permit the ingress of the cleansing solutions.

Of all solutions for syringing the ear, peroxid of hydrogen (Marchand) is probably the best. It should be used in dilution I to 4 or 8 of warm water. Various other solutions likebichloride of mercury, (1 to 5,000 or 1 to 10,000) or boric acid, (saturated sulution) are useful and often efficacious. The irrigation should be done once or twice a day, except when the discharge is excessive, when it should be done every few hours, and the amount of fluid used should be too much rather than too little. The peroxid of hydrogen or other solution should be preceded and followed by several syringesful of warm water that has been boiled. The whole amount of fluid used should be at least one pint or more, and as warm as can comfortably be borne by the patient. The auricle should be pulled upward and backward with the left hand, to straighten the external canal, while the right manipulates the syringe, which, it is needless to say, should be blunt pointed and of about two ounces capacity. The force used in injecting the fluid should

be moderate; and a suitable receptacle provided for the return After thorough irrigation, the external canal and as much of the middle ear as possible, should be carefully dried by cotton pledgets. The drying should be very complete, especially when an insufflating powder is to be used. After drying it is wise to gently inflate the ears with the Politzer bag or the compressed air apparatus. Then the canal is dried again and the ear is ready for whatever application is to be made powder, nitrate of silver solution or solutions of boric acid in alcohol. In the majority of cases the insufflation of an antiseptic, mildly astringent powder is efficacious, and I have found a powder composed of equal parts of powdered boric acid and nosophen to give the best results in my cases. Nosophen contains 60 per cent. of iodin and possesses all the alterative antiseptic and bactericidal properties of the iodine compounds. It is pale yellow in color, inodorous and tasteless. Under its use daily for the first week, and every other day during subsequent treatment, the discharge rapidly decreases, and in from ten days to a month is entirely stopped. The powder should always be blown into the ear by the physician, left for twentyfour hours, and then carefully washed out. Under no conditions should the powder be left in the ear longer than this, and the patient should always be instructed to this effect. In some cases nitrate of silver will prove highly serviceable during the first few days of treatment, but most cases will do well on the insufflation of the nosophen-boric acid powder. In my opinion, the method I have just outlined is the simplest and best for ridding a patient of simple chronic suppuration of the middle ear.

My experience with about 75 cases of simple suppuration during the last year convinces me that the above treatment is very efficient, since only nine cases required treatment beyond the first month, and many required much less.

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H. EDWIN LEWIS, M. D., EDITOR.

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#### EDITORIAL.

#### The British Congress of Tuberculosis.

The great Tuberculosis Congress was held in London in July, H. R. H. The Duke of Cambridge in the chair. meeting was distinctly English and the usual prominence of titles rather cast a sense of nonentity on the large number of foreign delegates present. Pomp, ceremony and obsequiousness were much in evidence and made the various sessions stiff and formal. A great many valuable papers were read and discussed, but the real scientific object and purpose of the Congress was completely overshadowed by an ill proved communication from Dr. Koch of Berlin. His paper promulgated

the personal dictum that bovine and human tuberculosis are intercommunicable. The slender grounds for warranting such a conviction and statement consisted in the negative fact that Koch was unable in a series of experiments on cattle to produce tuberculosis by inoculating them with material from human subjects. His deduction was that since human tuberculosis was not communicable by his methods to cattle, therefore conversely bovine therculosis was not communicable to human beings, and, although he had no facts, simply substantiated this opinion by the fallacious clinical statement that infantile infection was rare by the intestinal tract since its occurrence would necessitate an initial lesion in the intestinal mucosa This latter statement was discredited at once by Lord Lister, Nocard of Paris and many other men of equal standing with Koch. It was quite amply shown that an initial lesion was not necessary for the germs of tuberculosis to gain entrance to the human body, and the great prevalence of tabes mesenterica in England, particularly in bottle-fed infants. was well brought forward as a strong argument. Sincere regret was shown by every speaker that a communication so much at variance with the bulk of scientific proof should have been presented without more substantial and positive evidence. If a man of less note than Dr. Koch had presented such views, his ideas would have been scoffed at or completely ignored. But coming from a man of so great reputation almost any statement would have to receive respectful attention. As it was he obscured the desired results of the Congress, and gave the adversaries of those engaged in fighting for pure food products new courage and bravado. Koch has had the faculty of making premature announcements since his widely advertised lymph cure and though all credit is due him for his labors, a little more attention should be given by him to the work of his confreres. There are other men as capable as he in interpreting the pathologic processes the body is subject to, and he should recognize that their discoveries may have as important bearing on scientific knowledge as his own.

All in all the British Congress of Tuberculosis was eminently interesting and but for the discordant element of Koch's paper, would have been the most important medical, as well as philanthropic, meeting held during the past fifty years. The hospitality of the English people and profession was marked, and the success of the Congress was a high testimonial to the efforts of its promulgators.

#### 'An Apology.

This issue of the Monthly is rather late in making its appearance, but we trust our friends and readers will excuse the delay. The Editor, for the first time in five years, has taken a summer vacation and to his absence on a short journey through Europe, the tardy appearance of the journal must be attributed. None will begrudge Dr. Lewis a short holiday, and the rest and change of two months' vacation will enable him to do better and more work in behalf of the Monthly on his return.

#### The Value of Encouragement.

On the broad pathways of life kind words are seldom heard. In the hurry and absorption of our own passing, we seldom pause to praise our brother's work or commend his efforts. In our hearts we may hunger for a word of sympathy or encouragement, and yet never think ourselves of helping some other toiler by saying the very words we fain would have somebody speak to us.

How wrong this is. And life is so short, so fleeting.

If we can help some toiler by a few sincere words of approbation, by a simple expression of commendation, why not do it? Why wait until death has taken him beyond the reach of human voice? Why wait to pronounce a eulogy above his grave, but let his soul hunger for a few crumbs of praise through all his life? Why save our roses and kind words until a man is dead? Few of us want anything then, but we do want all the good things that are "coming to us" while we live and can enjoy them. For the sake, then, of making life a little more worth living, of brightening the lot of brother toilers, let us not forget at every opportunity to give a sincere "well done," for honest effort and honest work.

### Medical Abstracts.

The Time for the Administration of Certain Medicines.— Iodine and iodides should be given on an empty stomach. If given during digestion, the acids and starch alter and weaken their action. Acids, as a rule ,should be given between meals. Acids given before meals check the excessive secretion of the acids of the gastric juice. Irritating and poisonous drugs, such as salts of arsenic, copper, zinc and iron, should be given directly after meals. Oxide and nitrate of silver should be given after the process of digestion is ended; if given during or close after meals the chemicals destroy or impair their ac-Potassium permanganate, also, should not be given until the process of digestion is ended, inasmuch as organic matter decomposes it and renders it inert. The active principle of the gastric juice is impaired and rendered inert by corrosive sublimate, tannin and pure alcohol; hence they should be given at the close of digestion. Malt extracts, cod liver oil, the phosphates, etc., should be given with or directly after food.—Jour. of Med. Science.

Rectal Examinations.—One point must especially be borne in mind in examining the rectum, viz., prevention of fecal matter settling between nail and skin. Many physicians simply lubricate the examining finger with vaseline or soap, and then proceed, with the result that the finger smells afterwards for a long time in spite of the most vigorous scrubbing with brush, etc. The cause of this is that the space under the nail is unprotected from the entrance of fecal matter.

To prevent this, proceed as follows: After lubricating the finger with plain castile soap, scrape the nail on a piece of said soap, so that a quantity of same enters the subungual space; after examining the rectum, it will be found that no fecal matter has entered the space under the nail, and the finger can easily be made clean.—Med. Standard.

Hiccoughing.—Noir reports an immediate cure of an attack of hiccoughing by means of continuous traction on the tongue for one and a half minutes. The patient, a nervous child, had been hiccoughing almost uninterruptedly for six hours. She had failed to respond to the various remedies applied, and was greatly exhausted. There was no recurrence.—Med. Times.

Vomiting in Pregnancy.—Monin (British Medical Journal), has been struck by the resemblance which the symptoms presented by certain pregnant women bear to those of hypersecretion. Gastric pain, heartburn, acidity, nausea, and vomiting, occurring especially in the morning, and relieved by taking food, are all symptoms commonly observed both in hypersecretion and during pregnancy. As a consequence of the suggestiveness of this observation, satisfactory results have been obtained in the case of pregnant women by administering daily five doses of sodium bicarbonate, each consisting of thirty grains given in a capsule.—Med. Brief.

Veratrum Viride.—Dr. A. B. Isham asserts that the physicians of the past fifteen years are practically unacquainted with the virtues of this potent medicinal agent. The most

striking of all the issues proceeding from a sufficient dose of veratrum viride is the profuse skin transpiraton which acts promptly in lowering the temperature when it is above normal. The drug induces in the heart muscle a retraction or contraction, which is a conservative process in that it squeezes out from the fibrils all waste and noxious products, brings the organ down from a distended over-acting state to one working in perfect order and to the best advantage. In this way it protects the heart muscles from the pathological changes that so often accompany toxemias. The author also points out that a reduction of the body heat to the normal, or approximately so, greatly retards the activity and multiplication of pathogenic organisms. At the same time phagocytosis continues energetically—a process of great consequence in overcoming toxemia. Veratrum virdie proves a most excellent remedy in the toxemia of acute alcoholism.—Jour. A. M. A.

Rapid Cure of Vascular Nevi in Infants.—It is astonishing, Unna states (Monat. f. Prakt. Dermatologie), with what ease these arterial angiomata or venous vascular nevi can be cured with prolonged gradual compression if applied in early infancy. Later it has no effect. He accomplishes this compression by painting the surface with a mixture of one part of ichthyol to nine parts of collodion, two or three times a day. The brown pellicle that forms compresses the nevus beneath until the rapidly growing surrounding tissues have caught up with the excessive growth of the angioma or nevus.—The Jour. Amer. Med. Asso.

# The Most Active and Reliable Combatant in Uterine Disorders.

Extract from Clinical Report by E. Alfred Mallette, M. D., Philadelphia, Pa.

I have used a number of remedies for the cure of Amenorrhæa Dysmenorrhæa, and the kindred ailments to which the female is subject, and found in Ergoapiol (Smith) the most reliable and active combatant in Uterine disorders. After using it in my practice the past two years, I find it acts promptly upon the mucous membrane in delayed Menstruation, in allaying inflammation and in dispelling pain. It acts very favorably upon the Ovarian tract. A few cases in my own practice are here cited.

Case No. 1.—Miss T., age 22: Never having menstruated, although having full developed organs of puberty for seven years previous; found, upon examination, the uterine organs normal, no imperforate hymen. Had been operated upon for Otorrhœa two years previous, which resulted in complete deafness. I prescribed Ergoapiol (Smith), two capsules three times a day for ten days, when a scanty menstruation appeared; continued for three months with Ergoapiol (Smith), four days before the menstrual period was due, when normal conditions resulted.

Case No. 2.—Miss D., age 23: Having Dysmenorrhœa and Menorrhagia at frequent intervals, was placed on Ergoapiol (Smith), giving six capsules daily for five days, when pain ceased; with three months' treatment normal menstruations were established, with no hemorrhages appearing between the periods.

Case No. 3.—Mrs. H., age 23: Was left in a very anæmic condition following miscarriage, when Amenorrhæa followed, and was delayed for two periods. I prescribed Ergoapiol (Smith), one capsule three times a day, when normal menstruation returned, and weak system built up with no after-results.

Case No. 4.—Mrs. B., age 43: Was referred to me having irregular menstruations two or three times a month. Ovarian pains constantly, profuse and purulent Leucorrhœa. I had about decided to curette, when the condition of the heart dissuaded me, and resolved to use Ergoapiol (Smith), in large doses, when a profuse hemorrhage for seven days followed, evacuating large blood clots, relieving the patient to normal condition with no after-effect, and with subsequent treatment was restored to good health.

Case No. 5.—Miss B., age 16: Had commenced her menstrual period at the age of 12 years. Was in normal condition for three years, when she was attacked with Typhoid Fever, having no menstruation for three months. Being in a very anæmic condition, heart action was very poor. After prescribing tonics, I placed her on Ergoapiol (Smith), in small doses, one capsule three times a day, when in two months the regular periods were established without further complications.

Case No. 6.—Miss T.: Had normal menstruations since fifteen years of age. Became in a very anæmic condition through hard work and poor nourishment, etc., and passed her menstrual period for ten days. Prescribed Ergoapiol (Smith) until ten capsules were taken, when menstruation appeared, but with Dysmenorrhæa. On following the treatment for three successive months, the normal conditions were revived, no further trouble ensuing.

Why Physicians Do Not Advertise.—There is a certain class of newspapers which hold it up as a reproach against the medical profession that physicians advertise not The iournals erally do the most to say are the ones which cater most to advertising charlatans and eargerly fill their columns with their self-adulatory announcements, however extravagant and viciously suggestive their assertions. It is something of a surprise that the staid and conservative Chicago Tribune should expect or desire physicians who are educated men and gentlemen to descend from their reasonable dignity to the level of these advertising hucksters. The editor of American Medicine administers a well-deserved verbal castigation which the editorial writer of the Tribune should not fail to read. He says: "Does any man who has character and ability go around advertising the fact? If he does this he is at once looked upon as a blatant egotist. If he possesses the superiority, he is the last man to brag about it. Do judges, lawyers, ministers, railway presidents and managers, advertise in the Tribune their peculiar excellencies? Do generals, or even lower officials? Do engineers? We have never seen the advertisements, even of poor reporters, and yellow journal editors. Would not the advertisements for positions and the parading of their abilities by themselves furnish at once indisputable proof that they were wanting precisely in those very qualities of which they boasted?"—Med. Standard.

Clinical Experience with Adrenalin, by Emil Mayer, M. D., Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association; and of the New York Academy of Medicine, New York. Abstract from original paper, in the *Philadelphia Medical Journal*, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness, and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable and above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "Adrenalin."

The author has used solutions of Adrenalin Chloride, I to I,000, I to 5,000, and I to I0,000: his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink color; they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions and now there is but slight change of color and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the aqueous extract of the suprarenal gland was obtained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of Adrenalin. The Adrenalin was used not only as a hemostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions:

- 1. Adrenalin solutions supply every indication for which the aqueous extract has been used.
  - 2. They are sterile.

- 3. They keep indefinitely.
- 4. Solutions, 1:1,000 are strong enough for operative work; and 1:5,000 and 1:10,000 for local medication.
  - 5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingals, M. D., of Chicago, also has had a very satisfactory experience with Adrenalin. In a paper entitled "Notes on Adrenalin and Adrenalin Chloride,"\* he reports that he experimented with solutions, varying from I to I,000 to I to 10,000, of the Chloride of Adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of a spray, of one part of Chloride of Adrenalin to 10,000 parts of water, was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting; normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of biborate of sodium and bicarbonate of sodium; 3 per cent. (150 parts) light carbonate of magnesium; one part of Adrenalin, to 5,000 parts sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished the secretions decidedly. A case of daily epistaxis was relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had equally satisfactory results in cases of conjunctivitis; laryn-

<sup>\*</sup> Journal of the American Medical Association, April 27, 1901.

gitis, acute and chronic; acute laryngitis with edema glottidis; acute coryza; chronic laryngo-tracheitis with acute exacerbation; and in preparation for operations upon the nose.

In conclusion, the following results are presented:—This remedy will be of great value in the treatment of acute inflammatory affections of the nasal cavities, either in sprays of 1 to 5,000, or in powders of 1 to 5,000 or 1 to 2,500, sugar of milk. In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis, solutions of 1 to 1,000, applied with moderate force, will give very great relief; it appears probable that vocalists may obtain sufficient relief from congested cords, for at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact that Adrenalin Chloride Solution is clear, colorless, odorless, sterile, and stable, if protected from heat, light and oxidation; it is non-irritating to mucous membranes. When applied locally it exerts identically the same vasco-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of I to I0,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of I to 1,000, or even I to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in all cases in which an ischemic effect is desired, e. g., to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug; hence there is little risk of habit-formation.

The author expresses the opinion that Adrenalin should afford relief in asthma associated with bronchitis and vasomotor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch, or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

#### Protan.

A New Intestinal Astringent introduced by H. K. Mulford Co.

Protan is a definite chemical compound formed by the synthesis of tannic acid wth nucleo-proteid, containing 50 per cent. of tannic acid. It forms a light brown powder, is tasteless, odorless and entirely free from astringent action upon the mouth and stomach. It is insoluble in water, acid solutions or the gastric juice; does not coagulate albumen nor precipitate pepsin or peptones; is unaffected by the gastric juice, and passes through the stomach chemically unchanged; it is therefore entirely free from deleterious action upon the stomach, and processes of digestion.

Protan first evolves its active astringent ingredient, tannic acid, when it reaches the small intestine and comes in contact with the alkaline pancreatic juice. Free tannic acid is but very slowly evolved from Protan as it passes downward through the intestines, so that its astringent action is manifested throughout the entire intestinal tract. This fact is verified by the appearance of minute quantities of both Protan and tannin in the feces.

Protan owes its influence to the presence of tannic acid so combined that this body reaches the intestines chemically unchanged. The astringent action of tannin, as all authorities agree, is due to the fact that it precipitates (coagulates) the albuminoid bodies of mucous membranes, which coagulation leads to an actual shrinkage of the structures, with constriction of the capillaries and diminution of secretion. When tannic acid is administered by the mouth, these changes take place in the stomach, so that not only is the gastric mucous membrane and the process of digestion seriously impaired, but the tannic acid is decomposed by the gastric juice into gallic and pyrogallic acids, which are non-astringent; hence, very little, if any, of the tannic acid reaches the intestines in a chemically unchanged (astringent) form. Protan, on the contrary, passes through the stomach in its original form and presents to the intestines a definite amount of tannic acid, chemically unchanged and actively astringent. The well known properties of tannic acid towards albuminoid bodies are here manifested. The growth of bacteria is hindered, their toxins rendered inert, the intestinal mucous membrane is contracted, covered with a superficial coagulum, the capillaries constricted and the exudation of leucocytes prevented. Thus is explained the remarkable clinical value of Protan, in all catarrhal and ulcerative conditions of the intestines, associated with diarrhœa.

#### INDICATIONS.

Protan may be said to be the ideal astringent. It is, even in enormous doses, harmless and free from irritating properties. It is not astringent to the mouth or stomach, nor are the processes of digestion impaired in the slightest degree. These qualities are not possessed by any other known intestinal astringent.

Protan has the unique distinction that it is effective in all forms of diarrhœa—acute catarrhal diarrhœa, chronic enteritis, diarrhœa of phthisis, and in infantile diarrhœa. In the diarrhœa dependent upon the growth and multiplication of bacteria, Protan is especially valuable; it so changes the chemical nature of the albuminoid contents of the intestines that they no longer offer the food necessary for micro-organismal growth.

Protan exerts its astringent action upon the entire intestinal tract, from the duodenum to the lowermostportion of the large intestine.

In acute catarrhal diarrhœa (cholera morbus) due to the indigestion of unsuitable food, the use of Protan is best preceded by castor oil, or other laxatives, in order to remove the offending materials from the intestines. Fifteen grain doses of Protan, repeated every hour or two, speedily effects a complete cure.

Chronic diarrhoa, due to chronic catarrhal inflammation or ulceration of the small or large intestines, is most satisfactorily treated by means of Protan. The remedy seems to be equally effective in the obstinate, rebellious forms that have resisted the usual astringents, etc. In these chronic forms of diarrhoa, Protan should be administered in twenty or thirty grain doses every two or three hours as required.

Infantile diarrhœa.—Particular stress is laid upon the efficacy of Protan in the summer diarrhœa of infancy and early childhood. The fact that Protan never induces undesirable local or constitutional symptoms entitles it to preference; it may be safely given in the regular dosage to the youngest, or weakest infant.

In the acute diarrhœa of bottle-fed infants, Protan should be given in from three to five grains every hour until the bowel movements are materially reduced in quantity and frequency; then three grains every two or three hours as required.

In the severe forms of infantile diarrhœa—entero-colitis and cholera infantum—the persistent judicious use of Protan will result in a complete cure in a very large majority of cases. The dosage in these cases is five grains every two hours, according to individual requirements.

In typhoid fever, attended with excessive bowel movement, Protan yields excellent results in reducing the frequency and amount of the stools. In hemorrhage from the bowels occurring in typhoid fever, dysentery, etc., Protan coagulates the blood at the seat of hemorrhage. It is an ideal intestinal styptic in doses of thirty grains every hour or two.

Protan has been found by experience, to offer most satisfactory adjunctive treatment in the diarrhœas of phthisis, chronic dysentery, and those occuring in the course of the chronic heart and liver diseases. In such cases the dosage varies between twenty and thirty grains, repeated according to the physician's judgment.

Protan is furnished in powder form in one ounce cartons, for dispensing in Cachets, capsules or powders. Price, \$6.00 per dozen ounces. Protan is also furnished in friable tablet form, and in combination.

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FRANK GORDON, M. D.

Morrellton, Ark., July 22, 1901.

# THE VERMONT MEDIC... BOOK REVIEWS.

A Text Book of Gynecology.—Edited by Charles A. L. Reed, President of the American Medical Association, Gynecologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital, etc., etc. Illustrated by R. J. Hopkins, New York, D. Appleton Co. 1901.

The talented and experienced editor of this timely and valuable text book has held in view three special objects:

- 1st. One which shall serve as a working manual for practitioners and students, and which shall embrace the best approved development of gynecology including those of later date than are, or can be included in a work of similar magnitude by a single author. For this purpose assignment of topics were made to a considerable number of writers, but only to those who have acquired reputation in connection with the subjects upon which they were asked to write. The division of labor, giving to each writer a relatively small amount of work, insured a careful preparation of copy in the shortest possible time and the issuance of a strictly up-to-date volume.
- 2d. The co-operation of the various departments of medical science in their synthetic relation to gynecology. For this purpose contributions were invited from several writers who are not gynecologists in the strict sense of the term. Thus the various topics upon pathology were given to pathologists while those relating to bacteriology, dermatology, neurology, hygiene, etc., were assigned with similar appropriations. a consequence a single chapter, in some instances is based upon contributions from several writers while the whole has been rendered consecutive, systematic and homogeneous by the editor. The work is not therefore in any sense a mere aggregation of monographs.

3d. The specific recognition of the work of investigators and operators in gynecology and correlative departments. For this purpose invitations to contribute to the work, were ilmited to those who had already contributed something to science. As a consequence writers were asked to treat their respective topics not only in a general way but freely to express their individual views, relative to the same.

Thirty-one leading gynecologists contributed to the work and it is little wonder that it is generally conceded to be the leading one volume text book on gynecology in the English

language.

Dr. Reed has done well in giving us such a book, but his friends have got into the habit of expecting the best of everything from him, so his success causes no surprise.

Principles of Surgery.—By N. Senn, M. D., Ph. D., LL. D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of the United States Volunteers and Chief of the Operating staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly Revised with 230 Wood-engravings, Half-tones, and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50, Net; Sheep or Half-russia, \$5.50, Net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The third edition of this grand work is before us. It is a fitting successor to those which have appeared in the past and since it has been thoroughly revised and added to, will more than ever justify its popularity. Two new chapters have been added, one on "Degeneration" and one on "Blastomyceter Dermatis," both of great importance. Many new illustrations appear in this new edition and add still more to the usefulness

of the book.

Dr. Senn's great reputation is certainly enhanced by this book, which as a working text book on the "Principles of Surgery" is a classic. It is eminently scientific and a leader in modern theories of surgical pathology. Its worth in some respects makes it stand alone, the best and most accurate of its class.

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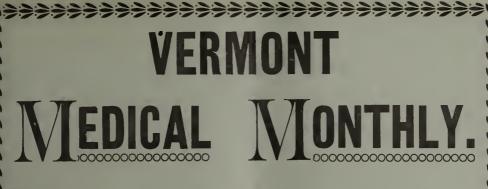
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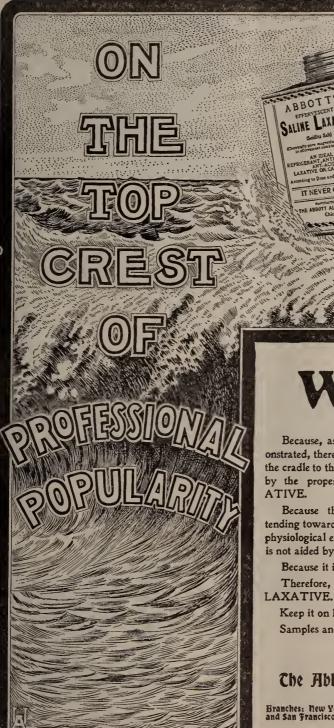
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# The Vermont Medical Monthly

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Official Organ of the Vermont State Medical Society and Thurber Medical Association.

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No. 9

# Treatment of Sciatic Neuritis Due to the Uric Acid Diathesis.

By H. Edwin Lewis, M. D., Burlington, Vt.

Of all the manifold diseases that afflict mankind there are few more distressing or resistant to treatment than sciatic neuritis of rheumatic or gouty origin. The agony and suffering that a patient experiences with an attack of sciatica, bespeaks every possible effort to afford immediate, and so far as possible, permanent relief. That the successful treatment of this condition is frequently very difficult and disappointing is well known to every practitioner. The multiplicity of remedies recommended certainly indicates this fact. But one can have little wonder that dismal failure has crowned so many of the therapeutic measures advised for this disease since the error is so commonly made that the local expression of sciatica is treated and the cause completely neglected.

It is fortunate for suffering humanity that latter day ideas of medical science define the removal of the cause as one of the prime requisites in the complete or scientific treatment of any and all diseases. To-day a doctor must not only give his

patient surcease from pain or relieve the acute symptoms—he must bring all his skill and scientific knowledge to bear on the removal of the various factors that produce the disease or contribute to its results. As a consequence a knowledge of internal medicine was never more imperative than now. A competent physician must interrogate not only the patient and his symptoms, he must also carefully consider those deviations from a physiologic standard which produce the symptoms and constitute the pathologic entity of each disease.

It is not intended to minimize the duty of medical men to relieve pain. The power and privilege of doing this is one of the highest and noblest functions of the medical profession. But I wish to accentuate the fact that our duty does not cease when we have relieved a patient's pain. We must also bend our energies toward the prevention of future attacks.

Rheumatic sciatica is no exception to the rule. Relief of pain even for a considerable period of weeks or months does not signify a cure. The predisposing cause of unexcreted uric acid and its salts may still remain and in the presence of exposure to cold or dampness the neuritis may recur with all the pain and suffering of previous attacks. Each attack makes the prospect of a complete cure less promising, so it becomes of imperative importance to cut short not only the immediate symptoms but also all the contributing factors that produce them and render their recurrence probable.

Since this paper has to deal with sciatica of rheumatic origin it will be understood that all statements refer to a neuritis caused by uric acid and its salts. No reference will be made to sciatica due to purely mechanical or idiopathic causes.

It is an indisputable fact that a fair majority of cases of sciatic neuritis occur in rheumatic subjects. The disease more frequently attacks men at an age when the metabolic processes are more apt to give rise to accumulation of uric acid, and dur-

ing a period of life when exposure to cold and wet more commonly contribute to the pathologic deposition of the same in the joints and tissues. The irritant effect of uric acid and its salts on all tissue but particularly on that which constitutes the nervous system is well known. Many and many a case of neuralgia can be traced to the failure of the body to eliminate the ashes that result from physiologic processes. Neuralgia in many instances, therefore, is nothing more nor less than the accumulation of an irritant poison in the system that is particularly prone to attack nerve tissue, and produce pain. If this is so the clearest indication for treatment is to bring about the elimination of such poisons through the natural channels of excretion, and clinical experience shows that just such measures produce the most satisfactory and permanent results.

In rheumatic sciatica the nerve is found on examination to be red, swollen and inflamed. A distinct interstitial neuritis is present and there is ample evidence to show the presence of uric acid irritation. In this class of cases the treatment is well defined. The deposited poisons must be dissolved and removed from the tissues and eliminated by the natural methods of excretion, i. e., defectation, urination and perspiration.

To promote solution of the uric acid and urates the alkalies are clearly indicated. Under their use the uric acid is greatly diminished, being rapidly converted into urea, and in addition, oxidation is increased and waste products more readily excreted. Of all the alkalies, the lithia salts seem to be the most potent in obtaining the desired results and as a consequence they have won high reputation in the treatment of rheumatic and gouty conditions. Colchicine is another valuable drug and the use of the salicylates is frequently followed with satisfactory results.

But therapeutic measures which simply effect solution of the uric acid poison are not enough. We must carry our efforts farther and by stimulating the emunctories permit the sewerage system to carry from the body all of the retained products of waste. Laxatives, and even cathartics in some cases, are consequently necessary adjuvants to the alkalies. Diuretics are useful, but the alkalies, particularly the lithia salts, usually act in this way. A very useful salt is that known as thialion. It combines the solvent influence of lithia with marked laxative and diuretic properties.

In the treatment of sciatic neuritis of rheumatic or gouty origin, I have found thialion remarkably efficient. Its proper administration will cut short the most severe attacks, and when continued under a careful dietetic regime it will certainly effect a permanent cure in the majority of cases.

In beginning the treatment of rheumatic sciatica thialion should be given, a full teaspoonful in a glass of hot water every three hours until several free movements from the bowels are produced. Using so much water to each dose has the double influence of producing diuresis and at the same time preventing any irritating effect on the stomach or digestive tract. After free catharsis has been accomplished thialion should be given a teaspoonful in a full glass of water one-half hour before meals three times a day. Careful tests of the urine should be made from day to day, and when the urine becomes neutral or slightly alkaline, the administration of thialion should be reduced to one teaspoonful a day, preferably in the morning. Thus used thialion gives results highly satisfactory to both doctor and patient, but it should be remembered careful attention to the diet is also necessary. admirably summed up by Thompson in his work on Practical Dietetics "—the basis of the diet should be farinaceous food with a few fresh green vegetables. Fish, eggs and fowl may be eaten, but dark meat is not desirable. Sweets and alcoholic beverages should be omitted from the menu, and

all foods should be plainly cooked and eaten in moderation." A patient who will follow this treatment and regime with painstaking exactness can feel assured that his recurrent attacks of acute sciatic neuritis will grow less and less frequent and finally cease altogether.

For the immediate relief of the agonizing, excruciating pain caused by rheumatic sciatica many different remedies and procedures have been recommended. Some have been found serviceable but not a few have proven useless. One of the simplest and most efficient methods at our command for relieving the acute pain of sciatica is the subcutaneous injection of a pint or more of hot saline solution in the posterior portion of the thigh in the vicinity of the sciatic foramen. The analgesic effect of such an injection is frequently surprisingly prompt and complete. In exceedingly chronic cases, however, the effect of the saline injection is neither so rapid nor satisfactory and in the presence of extreme pain, recourse to the hypodermic injection of morphine must be taken. Many authorities inveigh against the use of morphine, but when it is administered by the physician, as it always should be, there is little danger of the patient's contracting the habit, particularly if he does not know what is being given him. Certain it is that there are times when nothing else will afford relief, and in many instances its sedative influence will give valuable assistance in mastering the malady. Next to the saline injection, and the hypodermic injection of morphine. I have found the use of the thermo-cautery most efficient. It should be used thoroughly over the course of the nerve and the burns dressed with some soothing application. But no matter how complete or immediate relief is obtained from pain by these measures, careful attention should be paid from the first to careful systemic treatment for the purpose of removing the cause. A prudent diet and hygienic habits should be rigidly followed, and the wise systematic use of thialion will do the rest.

#### The Therapeutics of Whooping Cough.

By Thomas J. Mays, M. D., Philadelphia, Pa.

Although whooping-cough, one of childhood's most common maladies, is accompanied by marked catarrhal disturbance of the bronchial tubes, it is unquestionably a spasmodic affection of the pneumo-gastric nerves, due to the affinity of a special virus for the latter structures, and in this respect bears a certain analogy to asthma and to other spasmodic disorders of the respiratory organs. Of its contagious nature there can be no doubt. A knowledge of its pathology is, therefore, quite satisfactory, but, when we come to treat it, the practitioner must confess that there is no disease before which he stands so helpless as he does before this. At least this has been the writer's experience, who has administered every known remedy, running through a list of such drugs as the bromides, camphor, chloral, chloroform, bromoform, quinine, antipyrine, phenacetine, carbolic acid, etc., without the slightest permanent relief. In more recent years, however, and in conformity with my belief that disorders of the pneumo-gastric nerves is not only responsible for all the various forms of spasmodic cough, but also plays an important part in the evolution of many diseases of the lungs, I applied counter-irritants over these nerves in the region of the neck in this disease with the most signal benefit. In fact this method is the only one that has ever given the least promise of amelioration to the writer. The practical way of applying this remedy is as follows: Trace the pulsating carotid artery from behind the angle of the lower jaw to the clavicle on both sides of the neck. This will be a landmark for finding the pneumo-gastric nerves which lie in close proximity and slightly behind the carotids. Gentle mas-

sage and kneading of this region of the neck, every hour or two, yield beneficial effects in many cases of this disease. The application of a strip of mustard plaster, about two inches wide, from the angle of the lower jaw to the clavicles on each side of the neck, two or three times a day, until the full effects of the mustard are evident, is almost sure to cause amelioration of the spasmodic cough. Equal parts of gum camphor, chloral hydrate, and menthol, applied over this region, are also very useful. Painting the same area with tincture of iodine, twice a day, until irritation of the skin is produced, is a beneficial procedure. Finally, in very stubborn cases the hypodermic injection of silver nitrate over the vagi must be resorted to in accordance with the following plan: Lift the skin over the vagus between the thumb and the forefinger of the left hand. introduce the hypodermic needle just under the elevated skin. and inject five minims of a two-and-a-half-per-cent. solution of cocaine hydrochloride. Detach the syringe from the needle and allow the latter to remain in the puncture. Wash out the syringe with water, draw a two-and-a-half-per-cent, solution of silver nitrate into the syringe, attach the latter to the needle, and throw in from three to six minims of the silver solution.

Under the influence of this line of medication the child becomes more comfortable, the paroxysms become less frequent, the severity of the cough diminishes, and altogether the affection assumes a different character, often in the space of a day or two.—New York Med. Jour.

#### Anesthesia in Obstetrics.\*

By Herbert G. Partridge, M. D., Providence, R. I.

From the earliest times, the suffering of a woman in labor has been looked upon as the prototype of severe pain. Throughout literature, in the description of intense suffering, the expression, "as a woman in travail," is constantly met as being the most forcible comparison possible. And yet this process is a strictly normal one, and this is the only instance in which the physiological workings of nature are accompanied by pain. We know from observation made among savages and the less civilized peoples, that pain is not necessary to the successful result of the labor. The Indian squaw, when taken in labor, retires by herself, is delivered, with little or no pain, and immediately takes the child, and proceeds on the march. So it is with the negress of the South, and with other less cul-Unfortunately, civilization and culture bring with them an acute degree of suffering in labor. Great relief, however, and in many instances almost complete abolishment of these pains may be brought about by the use of anesthesia in obstetrical practice.

An anesthetic was first used in labor by Sir James Y. Simpson, of Edinburgh, on the 19th of January, 1847. He administered ether to a patient who had a contracted pelvis, performed version, and delivered without consciousness of pain on the part of the mother. In this country, Dr. N. C. Keep, of Boston, was the first to give ether in labor, on the 7th of April, 1847.

From this time the use of ether became more and more common until the fall of 1847, when Simpson discovered the

<sup>\*</sup>Read before the Providence Medical Association.

anesthetic powers of chloroform, and used it in labor for the first time, November 8th. He strongly advocated theuse of chloroform as superior to ether in obstetrics, and a new impetus was thus added to the cause of painless labor. As is usual when new and radical measures are proposed, there were many who raised objections to these agents, and even to the idea itself of abolishing in any degree the pains of parturition. Among these were some of the foremost obstetricians of the day, such as Barnes of London, and Meigs of Philadelphia. It is interesting to us to look back over the arguments that were brought in opposition to the newly devised treatment. It was said that the mother would have no maternal feeling, not having suffered; that it was morally wrong, for had not the primeval curse been, "in sorrow thou shalt bring forth children;" that convulsions, gangrene, death of the child and many other bad results would follow, and that it endangered life merely for the sake of removing a physiological pain. The arguments were bitter on both sides, but as more and more cases accumulated, and more was known, the use of chloroform or ether became general until at the present day there is scarcely an authority who does not recommend anesthesia in labor.

Anesthesia as applied in obstetrics is of two kinds, surgical and obstetrical. Surgical anesthesia is the same here as in surgery, and its application only to obstetrics will be spoken of. Obstetrical anesthesia is intended only to decrease the pain, without entirely abolishing it. It is not its object to render the patient unconscious, but simply to render her less *acutely* conscious, and thus in a measure to lessen the agonies of parturition.

The anesthetic to be chosen is a matter of some moment. The choice lies between chloroform and ether. It is generally conceded that for true obstetric anesthesia, chloroform is to be preferred. It is much quicker in its action than ether, and

patients recover from it much more quickly. It is less bulky and a much less amount is required. It is also less irritating upon the respiratory tract and kidneys. It is true that it is considered to be not quite as safe, but no fatal case has ever been reported where chloroform was used to the obstetrical degree, and its advantages are so great as to entirely overrule its disadvantages. This statement is not to be construed as meaning that there is no danger, or that care in its administration is not necessary. Such is not the case. Chloroform should always be given with great care and watchfulness.

When the anesthetic is to be pushed to the surgical degree, there is more difference of opinion as to the best agent. In the eastern states, the stronghold of ether, this is preferred, and chloroform feared and rarely used. In the South and West. as well as abroad, chloroform is generally employed. own preference is decidedly for chloroform. The parturient woman requires much more ether for surgical anesthesia than a woman not in labor, and on the other hand considerably less chloroform. Chloroform produces unconsciousness in very much shorter time—an element of no mean importance in many operative cases. When the chloroform is removed, the uterine contractions return sooner than when ether is used, and this is an advantage in forceps cases, and as a safeguard against post partum hemorrhage. Against these advantages is arrayed the fact that the general mortality of chloroform anesthesia is several times greater than that of ether. seems to me that in practice, in skilled hands, this disadvantage is so slight as to be outweighed by the many valuable features of chloroform.

In the consideration of the essential obstetric anesthesia, as defined above, we may first notice its effects upon the uterine contractions. And here it may be observed that the uterus is an involuntary muscle, and like the other involuntary muscles

performs its work even under partial anesthesia. Anesthesia carried to the obstetrical degree only does not diminish the force of the contractions or retard the progress of the labor. In some cases, in fact, the labor may progress more rapidly, by diminishing the severe pain and allowing the patient to use her voluntary muscles, which she had not previously done, because of the pain. When the anesthesia is sufficient to produce complete insensibility, the contractions nearly or quite cease, to reappear when the patient recovers somewhat from the anesthetic. This cessation of the contractions facilitates the performance of version and other intrauterine manipulations by allowing free movement to the hand introduced into the uterine cavity.

There seems to be some difference of opinion as to whether or not post partum hemorrhage is more frequent after an anesthetic is used. So far, however, as I can learn, the weight of the evidence is that hemorrhage is no more common.

My own experience bears this out. I have seen no severe hemorrhages after anesthesia, nor have I seen any marked relaxation. The most severe hemorrhages that I have seen have been cases where no anesthetic had been used. Inasmuch as the chief safeguard against hemorrhage is the firm contraction of the uterus, it is possible that if the patient were kept deeply anesthetized during and after the third stage, hemorrhage might ensue. This does not, however, always occur as we see in many cases where it is necessary to suture the perineum and where the anesthesia is therefore continued for some time. Indeed under these theoretically most unfavorable conditions hemorrhage is rare. Without doubt, however, the element of danger is greater after delivery, i. e. during and immediately after the third stage.

The anesthetic should be given during the latter part of the second stage. If its administration is begun during the latter part of the first stage and the beginning of the second, altogether too much would in many cases need to be given, for these two periods may last for hours. When the head is well down, nearly or quite upon the perineum, the pains become more frequent and more severe. Now is the time for the anesthetic. It should be given in the manner described later, with the pain. The obstetrician should if possible entrust its administration to the nurse, in order that he may devote his entire attention to the progress of the presenting part. It is not always feasible to do this in private practice and here the physician should himself give it until nearly the time of delivery and then hand it to someone else. The time for giving the anesthetic can in most cases best be determined by a slight descent of the head, which usually occurs before the patient makes any outcry. The anesthetic should be continued as long as the head or other presenting part is pushed down; as soon as the contraction begins to grow less, as evidenced by slight recession of this part, it should be taken off. This process should be continued until the moment of delivery, when the anesthesia should be carried nearly or quite to the surgical degree, thus giving the physician full control over the head. I am confident that many lacerations can be avoided by following the plan here outlined and I know from the statements of patients that they may be entirely unconscious of the delivery, and as is usually the case, suffer no pain as the head slips over the fourchette, when without anesthesia the pain is the most agonizing.

Chloroform may be given on a handkerchief or napkin, folded, and held at some distance from the face. Before giving it, cold cream or vaseline should be applied to the chin, lips and nose, in order to avoid any burning from the chloroform vapor. The chloroform should be administered very slowly, drop by drop, and with plenty of air. An Esmarch

mask makes an excellent apparatus but is not necessary. Indeed the simplicity of the method of giving was one of Simpson's arguments in favor of chloroform.

Ether when used, may be given in a cone, as in ordinary surgical anesthesia.

One fact worthy of notice in connection with the whole subject of anesthesia in labor, is that whether the anesthetic has been given to the obstetrical degree only or pushed to the surgical degree, vomiting almost never occurs. So rare is it that when seen it always attracts attention and suggests some complication.

There are some cases in which an anesthetic is not needed. Some labors, especially in multipara, are very short, and occasionally a patient is seen who has only one or two hard pains. In both these classes of cases there is practically no second stage and an anesthetic would manifestly be useless. In most cases, however, and especially among the more refined, and therefore more neurotic, an anesthetic is of great assistance to both patient and accoucheur.

Besides the use of anesthetics in labor, and for obstetrical operations as already mentioned, their employment is usually recommended in cases of eclampsia to control the convulsions. In my experience, however, anesthesia fails in these cases unless it is continuous, because during the convulsion respiration ceases, only to begin when the patient is coming out of the seizure. None of the anesthetic vapor is inhaled and no cessation of the convulsion can therefore result from the exhibition of an anesthetic. In order to control the seizures, the chloroform (which is always used in these cases) must be given during the period of quiet between the attacks, and this hardly advisable until the anesthesia is to be made complete for operative interference.

Certain other agents have some anesthetic power. Among these chloral holds the highest place, and is lauded highly in many of the text books. With me its use has been disappointing. It is usually recommended to give it during the first stage to relieve the nagging pains and to relax the rigid cervix which oftens delays progress. The dose usually given is 15 gr. every twenty or thirty minutes for three doses. I have given it in this way in a number of cases and have found that it was often vomited and, when not, seemed to have no analgesic or relaxing effect.

In the cases of rigid cervix, nothing acts as well as a hypodermic of ¼ gr. morphia with 1-150 atropia. The patient usually sleeps two or three hours and, when she awakens and the pains begin, the cervix relaxes and the labor proceeds satisfactorily. No ill effects seem to follow this treatment.

Within the past few months the method of medullary narcosis has been revived and has been used in labor in a few cases with good results. Entire analgesia was produced without loss of consciousness. This method is still in its infancy and its value remains to be determined.

Such is the status of anesthesia as applied to obstetrics at the present day. The ideal anesthetic is yet to be discovered. Until it is we can accomplish much with the means now at hand.—*Providence Med. Journ*.

## Eighty-eighth Annual Meeting of the Vermont State Medical Society.

The Eighty-Eighth Annual Meeting of the Vermont State Medical Society will be held in Montpelier, October 10 and 11. The meeting was first announced to take place at Bellows Falls, but on account of a lack of proper hotel accommodations at that town the Executive Committee have changed the place of meeting to Montpelier. An attractive, interesting program has been arranged as follows:

#### ORDER OF EXERCISES.

FIRST DAY, THURSDAY, OCTOBER 10TH.

Morning Session, 10.30 o'clock.

- 1. Call to order by the President, W. D. Huntington, Rochester.
- 2. Prayer.
- 3. Reading of Record by the Secretary.
- 4. Appointment of Committees:
  - a On Nominations.
  - b On Membership.
- 6. Consideration of Reports of the various Officers and Delegates.
- 7. Obituary of D. W. Hazelton, M. D.......................... H. Bryant, Ludlow
- 8. Obituary of C. F. Hawley, M. D......Geo. Dunsmore, St. Albans
- 9. Obituary of C. S. Hinman, M. D.....F. H. Comings, Derby
- 11. Unfinished Business.
- 12. Adjournment.

#### Afternoon Session, 2 o'clock.

- 1. Call to order.
- 2. Report of Committee on Membership and election of new members.
- 3. Introduction of Delegates from other Medical Societies.
- 4. Vice-President's Annual Address.—Infantile Mortality.

E. M. Brown, Sheldon

Discussion, L. W. Hubbard, Lyndon.

Posterior Pudendal Hernia; two cases complicating pregnancy.
 C. W. Milliken, Post Mills

Discussion, H. T. G. Hows, Waitsfield.

6. Gall stones as a Surgical Affection.

Stephen H. Weeks, Portland, Maine Discussion, W. F. Hazelton, Bellows Falls.

7. Gunshot Wounds of the Abdomen.

Henry Janes, Waterbury

Discussion, L. M. Bingham, Burlington.

8. The Influence of LaGrippe on the Nervous System.

A. J. Willard, Burlington

Discussion, Prof. J. Henry Jackson, Barre.

9. Adjournment.

Evening Session, 8 o'clock.

- President's Annual Address......W. D. Huntington, Rochester Discussion, W. H. Vincent, Orwell.
- 2. Report of Committee on Reorganization and consideration of same.

#### Banquet.

At the close of the evening session the Annual Banquet will be held at the "Pavilion."

C. S. Caverly, Rutland, Anniversary Chairman.

SECOND DAY, FRIDAY, OCTOBER 11TH.

Morning Session, 9 o'clock.

- 1. Call to order.
- 2. Report of Nominating Committee, and Election of Officers.
- 3. The Preparation of Patients before and their Treatment after Laparotomy......Frederick Holme Wiggin, New York City Discussion, C. W. Strobell, Rutland.
- 4. Symposium on Typhoid Fever.
  - a Etiology. J. M. Hamilton, Rutland.
  - b Pathology. O. W. Sherwin, Woodstock.

- c Clinical History. J. Waite Avery, Proctor.
- d Diagnosis. J. D. Brewster, Windsor.
- e Complications and Sequelæ. D. L. Burnett, So. Royalton.
- f Treatment. Prof. J. N. Jenne, St. Albans.

Discussion opened by Deane Richmond, Windsor.

5. Dislocation of Hip During Labor.

L. B. Newton, North Bennington

Discussion, C. S. Scofield, Richford.

- 7. Voluntary Papers or Reports of Cases.
- 8. Unfinished Business.
- 9. Adjournment.

#### ANNOUNCEMENTS.

On account of lack of proper hotel accommodations at Bellows Falls, the Executive Committee have changed the place of meeting to Montpelier.

Important—The project of the reorganization of the Society will come up for action at this meeting and it is hoped a large and representative delegation of members will be present from all parts of the State.

Place of Meeting—The sessions will be held in the Supreme Court Room, State House.

Headquarters—Headquarters of the Society will be at the Pavilion.

Registration—All members and visiting physicians are requested to register their name and residence on entering the hall, in a book which will be provided for the purpose.

Exhibits—Space will be provided for exhibits, under the auspices of the Society, of Drugs, Pharmaceutical Preparations, Instruments, Medical Books, Etc.

Railroads—Round trip tickets at convention rates will be on sale at all principal stations, on Rutland & Bennington, Rutland, Central Vermont, Montpelier & Wells River, and Boston & Maine Railroads.

## Two Cases of Bladder Surgery--Transplantation of the Ureter for Uretero-Vaginal Fistula; and a Severe Case of Vesico Vaginal Fistula Cured by an Improved Method.

By A. Lapthorn Smith, B. A., M. D., M. R. C. S., Eng... Professor of Surgical Diseases of Women in the University of Vermont, Burlington, and Professor of Clinical Gynecology in Bishop's University, Montreal; Fellow of the British Gynecological Society and Fellow of the American Gynecological Society; Gynecologist to the Montreal Dispensary and Consulting Gynecologist to the Women's Hospital, Surgeon-in-Chief of the Samaritan Free Hospital for Women, and Surgeon to the Western General Hospital, Montreal.

Case I. Patient had her first child at the age of thirty-five and having besides the male type of pelvis the labor was very difficult. Residing a long way out in the country from Vancouver, it was difficult for her physician to obtain help and when it came the pressure of the child's head during several hours had already caused sloughing of the vagina and about an inch of the ureter. The damaged part was replaced by cicatricial tissue but a uretero vaginal fistula remained. Nearly all the urine from the right kidney came away causing the vulva to become covered with painful ulcers. After two years of great misery she decided to go to England to have an operation, partly because she had friends there. She was admitted to St. Bartholomew's Hospital where she underwent two operations on the vagina for closure of the

<sup>\*</sup> Read before the Canadian Medical Association at Winnepeg, August 29, 1901, and published in full in the Canada Lancet.

fistula, but both of them failed because the cicatricial tissue allowed the stitches to cut out.

A third operation was proposed but she refused it and returned to Canada, being admitted soon after to the Western Hospital under my care. After making a series of careful experiments to ascertain whether it was really a uretero vaginal fistula or not, plastic operations on the vagina were twice repeated without any result but she was promised that if they failed she would be cured by a more serious operation, which she readily consented to. Accordingly on the 15th of August transplantation of the ureter was undertaken as follows: The abdominal wall was incised down to but not through the peritoneum and the latter was pushed off the pelvic wall until the ureter was found. This was tied and cut off close to the cicatricial tissue surrounding its lower end about one inch from the bladder; the proximal end was not tied nor hurt in any way but was gently held in a gauze sponge until it was introduced into a diagonal opening in the upper and anterior surface of the bladder where it was firmly attached by fine catgut stitches suturing the mucous membrane of the ureter to the mucous membrane of the bladder and silk stitches fastening the fibrous coat of the ureter to the muscular wall of the bladder. For fear of accidents a drainage tube and gauze were left in for a day or two, but there was no leakage. An important precaution was the leaving of a glass catheter in situ for four or five days. Not a drop of urine came by vagina since and six weeks after the transplantation, when she left the hospital, she was able to hold her water four hours.

Case II. This was a very stout and flabby woman of forty, who was delivered of a very large child with great difficulty by the aid of forceps, the male blade of which caught the anterior lip of the uterus, the vagina and bladder against the arch of the pubis making a diagonal cut through all three of

them extending from the urethra to the left vaginal fornix, and making an opening through which three fingers could be introduced into the bladder. This was certainly a bad case and would have been doubtful of cure by the ordinary method, while it was permanently cured at the first attempt and without the slightest difficulty by the method now described and which proved equally satisfactory in several other cases. Instead of paring the edges and suturing, the cervix was separated from the vagina and bladder as in the first step of vaginal hysterectomy and when this was accomplished the long gash in the side of the cervix required very little more paring of the edges to make it ready for suturing with catgut. The anterior vaginal wall was then separated from the bladder with the finger, except at the edges of the fistula where they were adherent and where the scissors were required. The hole in the bladder was then closed by a fine running suture of chromicised catgut, taking in the muscular wall of the bladder only, which turned the mucous membrane in and left a thick ridge at the place of the tear. The bladder was then tested with sterilized milk under high pressure and there was no leakage. But this row of sutures was reinforced by sliding the bladder half an inch to the right and when sewing up the vagina with silk worm gut each interrupted suture took in a bite of the muscular wall of the bladder half an inch to the right of the line of the tear. self-retaining catheter was kept in for four days, although it was hardly required for having become blocked by a small blood clot at the end of twelve hours, the family physician, Dr. Virrol, removed it and cleaned it and on reintroducing it sixteen ounces of water came away. The silk worm gut stitches were removed in ten days and the woman got up and has done her work ever since without the slightest sign of leakage, now three months ago. This operation has the advantage of making the most difficult cases easier than the easiest by the old method of paring the edges.

248 Bishop St., Montreal.

## The Vermont Medical Monthly.

A Journal of Review, Reform and Progress in the Medical Sciences.

H. EDWIN LEWIS, M. D., EDITOR.

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#### EDITORIAL.

### The Death of President McKinley.

History has repeated itself and the American nation has again witnessed its chief magistrate laid low by the bullet of a dastardly assassin. The details of President McKinley's death are well known to the world and it is unnecessary for us to chronicle any of the events connected with the sad affair. life of a good, noble, honest man has been taken by a cowardly brute unworthy of touching even the hem of his victim's garment, and the civilized world has stood aghast at the nature of A mighty, powerful nation has watched with breathless hope the struggle of nature and science with death and as the Great Reaper claimed the victory the whole country has united in a common sorrow and affliction. The President

died as he had lived, a brave, God fearing christian gentleman, a loving husband, a faithful friend, a true man. And as the last remains of our martyred President with heart forever still, voice forever hushed and eyes forever closed in nature's last sleep, has been borne away to its last resting place, there has been a common and personal feeling of loss felt by every American citizen. At such a time and under such conditions there can be no party, no enmity, no antipathy, just the universal sympathy of man for man, the universal brotherhood of human beings.

It is all over, and after dropping its tears the world has gone on at the same old pace. President McKinley with his career, his triumphs, his mistakes and his cares belongs to the irrevocable past. The exigencies of the moment have been met, and the government still lives, Le Presidente est mort,—vive le Presidente!

One of the unfortunate features of the aftermath has been the unkind, unprofessional and ill grounded assertions made by certain choleric, self-appointed critics concerning the conduct of the President's case. In a measure the President's case was public, but the attempt of any physician to justly criticise or define any line of treatment without personal contact with the patient, does not be peak a high degree of common sense, to say nothing of common decency. We know little of the physicians who attended the President aside from their general reputation, but, thank God, we have enough of the milk of human kindness to believe unreservedly in the honesty of their judgment and effort. In the presence of a great crisis they could do nothing but what was dictated by their conscience, experience and devotion to the science they follow. And we believe that they did do exactly as all other honest medical men would have done, the right according to their highest judgment. The President's death, therefore,

signifies but one thing, that a fatal termination was inevitable. The "ifs" and "buts" of the carping, captious critics who assume so high an authority are unworthy of recognition, as such things always are. We have had a good and sufficient experience with the class of medical men who are always ready to criticise their colleague's case with "if such and such a thing had been done," or "I would have done different," and it has been our privilege to observe that such physicians continue none the less to sign their full quota of death certificates.

We mourn the President's death, but it is no man's privilege to question the treatment he received. Those and those only who saw and conducted the case are competent to make authoritative statements. We may regret the error of prognosis, but we say again, we have enough confidence in our fellow men and fellow workers to fully believe that the men who were called upon to care for the President, did their full duty, bravely, wisely and nobly, with due regard to all indications and circumstances.

The nation owes them a debt of gratitude for their courage and efforts even though unsuccessful. The bravest men are those who can remain to a finish in a losing fight, particularly when the enemy is death, and our Buffalo brethren deserve full commendation for the struggle they made even though death was victorious.

#### Our Emigration Laws.

It is high time that the United States of America took steps to regulate the stream of European scum and refuse that is flowing into this country. It is a fact that Europe considers America the great dumping ground for an undesirable population, and that the dumping process is being remarkably well done, no one can deny. One has only to scrutinize the types of humanity brought over in the steerage of every trans-Atlantic steamer to tremble for the future of our fair country. We do not wish to assume an alarmist role, but we cannot help but feel that the President's assassination is in a measure the result of transplanting the unrest and anarchistic tendencies of Europe to our own soil.

Therefore in the interests of internal peace, and the protection of our government and public servants we should eliminate from the aliens who seek our shores all those who from habits, education or physical condition, are a menace to our national identity, civilization, and health.

Medical men should lift up their voices on this subject for we appreciate far more than the laity the results of trying to absorb the degenerate and illiterate of other countries. "America for Americans" should be the slogan of those who love our country, and only those individuals who from their character, habits and inclinations can become loyal American citizens should be admitted to the land of the Stars and Stripes. Our Republic is neither a reformatory nor a kindergarten for the perverted and ignorant of other nations and if we wish to preserve the integrity of our institutions we must take active measures to avert the danger that threatens.

## Medical Abstracts.

Handy Therapeutic Hints.—The little finger can be used in taking a delicate pulse when it would be impossible to readily recognize it with the fingers ordinarily used.

Convulsions may be frequently cut short like magic by turning the patient on his left side. The nausea as an after effect of chloroform or ether narcosis may be generally controlled in the same manner.

When chilly from exposure, breathe very deeply and rapidly, and the increase in bodily warmth will be surprising.

Vomiting after the administration of chloroform may frequently be prevented by replacing the inhaler with a linen cloth steeped in vinegar, it to remain over the face for some time.

People who have weak hearts should always have their principal meal in the middle of the day, and with as little water as possible.

Many a woman's ruin is due to the old idea that a woman can safely leave her bed on the tenth day after confinement.

Crude petroleum, poured upon a burned surface, and covered loosely with cotton, will subdue the pain almost at once.

Black pins in surgical dressings are preferable, because they will not rust, and can be more readily seen when they are to be removed.

Strong spirits of ammonia applied to the wounds of snake bites or rabid animals, is better than any caustic. It neutralizes the virus.

In post partum hemorrhage, try tying a piece of strong webbing tightly above the knees of the patient.—Mod. Med.

Frontal Headache and Iodide of Potash.—Since there are various forms of headache and since the remedy that will relieve one patient will utterly fail to relieve another with seemingly the same kind of head-pain, it is necessary that the physician should be armed with a variety of remedies. For some time past we have found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with a distaste for food, which sometimes approaches to nausea, can generally be removed by a two-grain dose of the potassic salt, dissolved in half a wineglass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. person who, a quarter of an hour before, was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases, constitutes its great advantage.—Mass. Med. Jour.

# BOOK REVIEWS.

Diseases of the Intestines.—By Dr. I. Boas, authorized translation from the first German edition, with special additions, by Seymour Basch, M. D., New York City. With forty illustrations. New York: D. Appleton & Company; 1901.

This translation of Dr. Boas' work from the original text makes a very valuable contribution to English medical literature. It is a remarkably thorough treatise on a comparatively uncommon subject and is valuable alike to the general practitioner, surgeon or scientific student.

Physiologico-chemical processes and laboratory methods are treated in detail and with assiduous care. Chapter 1, Preliminary Anatomical and Histological Remarks, is refreshing reading and affords a valuable opportunity for reviewing the anatomical relations of the stomach and intestines with adjacent viscera. Digestion is most ably treated in Chapter II under the head of Preliminary Physiological and Physiologico-Chemical Remarks. The author's style makes physiology delightful reading. Chapters III to VII are occupied with the extremely important subjects, History and Diagnosis. Examination of the feces is taken up with the most minute detail, and one cannot fail to appreciate the diagnostic value of such examinations. The section on General Therapeutics of Intestinal Diseases and Medicinal Treatment of Intestinal Diseases could only have been written by one who has made a life-long, careful study of the subject.

In Part II, Chapter XIII, commences the special division. Acute and Chronic Intestinal Catarrh, Habitual Constipation, Displacements of the Intestines, Ulcers of the Intestines and Intestinal Neoplasms are given elaborate attention. The sec-

tion on Intestinal Stenosis and Intestinal Obstruction must be read to be appreciated. No surgeon, no matter how well posted he may be, can fail to profit much by the perusal of this section. Proctitis, Periproctitis, Fissures, Ulcers, Hæmorrhoids, Stricture, Prolapse and Rectal Fistula are given much space and careful detailing. Surgeons will read with refreshing interest the section on Typhlitis, Perityphlitis (Appendicitis), taken up under the heading of Appendicular Colic, Perforative Perityphlitis, Diffuse Suppurative Perityphlitis and Chronic Perityphlitis. This section closes with Differential Diagnosis, Medicinal and Operative Treatment.

Chapter XXI treats of Nervous Diseases of the Intestines. The illustrations are especially good. In every way the book is eminently scientific, full of valuable information and the product of one who knows whereof he speaks. Like all of Appleton's publications, the book is well printed and beautifully bound. No library is complete without it.

Fischer—Infant-feeding in Health and Disease. A modern book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West Side German Dispensary. Containing 52 illustrations, with 16 charts and tables, mostly original. 368 pages. Philadelphia: F. A. Davis Company. 1901. [Price, \$1.50, net.]

The fact that more children die from the effects of dietetic errors than any other one cause easily shows the importance of more thorough knowledge of infant feeding. Dr. Fischer is well equipped for furnishing the profession with authoritative information on this important subject, and his book is the result of his experience and researches.

It is a remarkably practical work and while brief is yet complete enough to satisfy the most critical reader. The various problems of infant feeding are carefully considered and many valuable suggestions given in regard to modern methods. It is distinctly a book for the general practitioner and its frequent perusal and consultation will certainly prove of incalculable aid in treating diseases of children. The work is well adapted for its mission, and the author has conferred a real favor on the profession.

The Diseases of the Respiratory Organs, Acute and Chronic.—Arranged in two parts and Interwound for Supplemental Notes. By William F. Waugh, A. M., M. D., Professor of Practice and Clinical Medicine, Illinois Medical College. The Clinic Publishing Company, Chicago, 1901.

One of the best books that has come to our notice for a long time. When we call it good, we mean it in every sense of the word. Dr. Waugh, than whom no better exponent of modern medicine exists, is a splendid therapeutist. As a consequence, his book, above all, is a remarkably thorough and complete treatise on the treatment of acute and chronic diseases of the respiratory organs. It it just what the general practitioner needs to help him in his work. Superfluous matter is entirely absent, and every statement in the little book is a gold nugget from Dr. Waugh's rich mine of experience and common sense.

Few books are deserving of greater popularity and its reputation will grow as its worth is realized.

## 

#### Antikamnia and Heroin Tablets.

Our readers will find in this number, the announcement of a new remedial preparation, viz:—"Antikamnia & Heroin Tablets," each tablet containing 1-12 grain Heroin Hydrochloride (muriate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of cases submitted by Dr. Uriel S. Boone, Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs:

Case I.—J. P. Athlete. Suffering from an acute cold. On examination found temperature 101 degrees with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed Antikamnia & Heroin Tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

Case 2.—Ed. H. Age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on Antikamnia & Heroin Tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights

and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case 3.—Wm. S. Age 28. Lost 25 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101 degrees with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one Antikamnia & Heroin Tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these, nor any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial and useful to both patient and physician.

Dr. Smithwick of La Grange, N. C., in January, 1901, number of the Maryland Med. Journal, says:

When, in disease, bed sores occur we must use the best means for healing them and making the patient comfortable. In my experience I have tried a great many things, but have come to the conclusion, which is substantiated by clinical results, that I obtain the best results by thoroughly washing the parts with warm normal salt solution, bathing in peroxide of hydrogen, and dressing in pledgets of cotton or strips of gauze soaked in Ecthol. This dressing is repeated once, twice or thrice daily as the urgency of the case seems to demand.

The ideal Haemagogue and Emmenagogue.—Doctor: To continue our request for the physician's consideration and investigation of our Ergoapiol—(Smith), we hold as essential, an explanation for the lauded efficacy of this preparation, viz:

Our apiol is a product exclusively our own, containing 92 per cent. of the active principle of apium petroselinum and does have decided characteristic therapeutic properties and

merit, whereas other apiols heretofore employed by the physician with negative results contain only 1½ per cent. to 2 per cent. of this principle, (the other portion being purely inert resinous matter) and consequently have proved ineffective representatives of the excellent and valuable therapeutic properties of Apium for treating Amenorrhea, Dysmenorrhea, etc.

This apiol we do not at any time supply in bulk or in any form other than our Ergoapiol—(Smith).

MARTIN H. SMITH CO., 68 Murray St., New York, N. Y.

Special Directions for Use of the K. & O. Bermingham Nasal Donche.—One of the objects in the application of Glyco-Thymoline (Kress) to the nasal cavity is to retain it in direct contact with the membrane for at least two minutes; this can be done very simply and effectively as follows:

Put into the douche one or two teaspoonfuls of Glyco-Thymoline (Kress), filling it with warm water (never use cold). With the index finger over the inlet control the flow, insert the nozzle into the nostril and hold the head well back. While allowing the solution to run into the nose, breathe through the mouth (pant as it were); this closes up the passage into the throat and enables you to fill the entire nasal cavity. As soon as it is full, take the douche away, pinch the nostrils together and throw the head well forward; hold the solution in the nasal cavity for a couple of minutes and repeat in the other nostril. Clear the head gently to avoid forcing products of inflammation into the Eustachian tubes, as the Glyco-Thymoline (Kress) loosens up all the catarrhal crusts.

Do not blow the nose until you have thoroughly cleared the nose and throat.

If the catarrhal condition effects the throat, gargle with one or two teaspoonfuls of Glyco-Thymoline (Kress) di'uted with a tablespoonful or two of hot water.

Everybody knows the condition—it's so extremely common and rebellious; some physicians call it general debility, or malnutrition, or nervous exhaustion, or a host of other names. Whatever its name or its cause, there exist the very striking facts that the blood has been impoverished, the nervous system ravished, the vitality sapped out. It would seem extremely rash to make the statement that any one remedy is equally efficacious in all of these cases, particularly so when the usually employed tonics—iron, strychnine, cod liver oil, etc. have utterly failed. Yet such is the statement of thousands of physicians whose names are everywhere the synonyms for eminence, integrity, ability; physicians who represent all that is best in ethical, scientific medicine. It is this class of physicians who make the unqualified assertion that Grav's Glycerine Tonic Comp. is uniformly effective in malnutrition, general debility, nervous prostration—whether the condition accompanies organic disease, acute infectious diseases or exists without ascribable cause. Gray's Tonic begins aright in these cases: it makes a friend of the rebellious stomach—makes it docile, receptive, retentive. The patient improves from the start—has more strength, less depression and exhaustion. The physician notes the patient's ability to eat, digest and assimilate food—the dormant nutritive functions seem to assume new life. The blood rapidly regains the necessary elements for healthful nutrition of the entire body—the red blood corpuscles and hæmoglobin increase hand in hand; nervous force, vitality, is re-engendered; irritability, sleeplessness and exhaustion disappear. Restoration of constitutional vigor and return to health is but a natural sequence; it usually results in a surprisingly short time. Skepticism as to the truth of these facts may be entertained by those who have never given Gray's Tonic a fair clinical trial; but with those physicians who have tried the remedy, skepticism has yielded to the inexorable verdict of facts—actual, accomplished results. The experience of countless physicians leaves no ground for doubt that Gray's Tonic is the remedy par excellence—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its rapidity of action is especially noticeable in convalescence from typhoid fever, la grippe, pneumonia and other exhausting ailments. Its uniformity of action is a certainty in all.

Gray's Glycerine Tonic Comp. owes its distinctive value to the proportion of the contained inrgedients and their manner of combination...All imitations lack these characteristics of the original and are consequently of inferior value.

A Corrector of Iodism.—Dr. W. H. Morse reports (Southern Clinic for May) success in the use of Bromidia, which he says has proved corrigental of Iodia. Discussing his results he says: Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom, for this symptom Bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.—Med. News.

#### Philadelphia, September 2d, 1901

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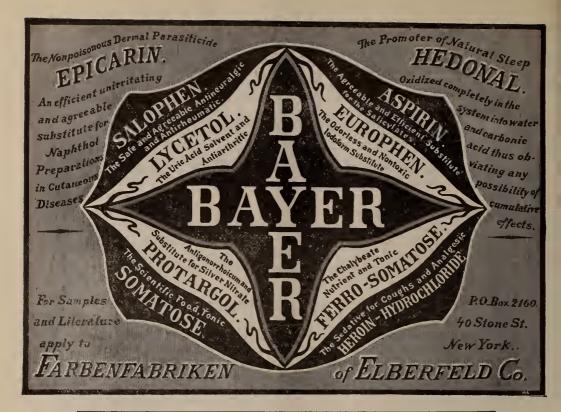
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Vol. VII. October 25, 1901.

No. 10.

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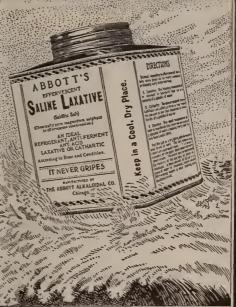
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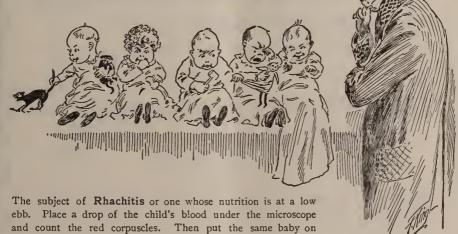












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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medical Association.

Vol. VII.

OCTOBER 25, 1901.

No. 10

### \*The Relation of Animal Diseases to Public Health.

By Don D. Grout, M. D., of Waterbury, Vt.

The average physician takes pride in his ability to successfully treat disease. Many excel in diagnosis, too few are thoroughly posted in etiology, and a still smaller number ever trouble themselves about the source from which the cause of disease emanates.

Whatever is capable of damaging the structure of any organ or tissue of the body, or of interfering with its functions, may be the cause of disease. This definition implies that such causes are numerous, and that of many science is ignorant.

To give a succinct account of them is therefore difficult. It is not within the province of this paper to attempt anything of the kind but to call to your attention for a few moments a prolific and common cause of disease in the human family, the transmission of animal disease to man. All civilized races of the globe have surrounded themselves with domestic animals. We have the cow, the horse, the pig, the sheep, the goat, the

<sup>\*</sup> Paper read at the recent session of the Vermont State School for Health Officers, and published also in the Jour. of Medicine and Science.

dog, and others, each and all of them have diseases that are easily and frequently transmitted to mankind.

When we consider the intimate relations sustained between man and our domestic animals, the only wonder is that we do not more frequently suffer from disease contracted from such sources.

Of all domestic animals known none are so intimately or closely related to the human race as the cow. We are veritable parasites on this animal. We milk her as long as she will give milk, and drink it; then we kill her and clothe ourselves with her skin; we comb our hair with her horns and fertilize our fields with her dung, while her calf furnishes us with vaccine virus for the prevention of smallpox. The cow has redeemed us from that dreadful scourge. But it is more than possible that a greater scourge is continued to us by the same animal. Strange it would be indeed, if, under all these circumstances, we did not acquire from her some malady.

As the magnitude and gravity of this subject is but little appreciated, it will be best introduced by stating in a tabular form the diseases of domestic animals that are known to be communicable to man. We have:

First.—Glanders and farcy in horses, etc.

SECOND.—Canine madness, rabies in dogs, cats, etc.

THIRD.—Malignant anthrax in all domestic animals.

FOURTH.—Tuberculosis in all animals.

Fifth.—Malignant cholera in all animals.

SIXTH.—Milk-sickness in all animals.

Seventh.—Small-pox in all animals and fowls.

Еіснтн.—Diphtheria in animals.

NINTH.—Scarlet fever in various animals.

TENTH.—Possibly typhoid fever in sucking animals.

ELEVENTH.—The plague which is a disease so common to man, monkeys, and rodents, and is so equally shared by

them that no one knows whether it was primarily a human disease of a rat pest.

Added to these we have parasites numbering more than a score, that infest both man and animals.

To enter upon a consideration of the pathology of these diseases would require more time than is at our disposal, but it will be well to consider some of the ways in which a few of them are transmitted to man.

Dr. Law says, "that glanders and farcy, which so remorselessly ravaged the cavalry regiments and mule trains during the war of the rebellion, was, at the return of peace scattered widely over the continent.

In country districts we see it continually cropping out and whole studs falling victims to its ravages, while in city car stables hundreds have not unfrequently been slaughtered to arrest the progress of the disease. The subjects of slight chronic attacks are frequently taken to a distance and sold as sound animals to unsuspecting purchasers, whose health and lives are thus too often sacrificed to satisfy the cupidity of an unscrupulous vendor; for the terrible malady is as painful, loathsome and fatal to the human system as to the equine, and every veterinarian of extensive practice can adduce instances in which men have perished miserably from equine infections.

Human glanders has been recognized for nearly a century as one of the most loathsome and fatal diseases. It is usually contracted from the horse or mule by accidental inoculation in wounds, and consequently happens almost wholly among those who have the care of horses, and is therefore most common in man in the countries where it is most prevalent in horses. In Montana and other Rocky Mountain states it has been epidemic.

In all forms of maglignant anthrax in animals, we find an infecting material which is not only deadly to quadrupeds, birds, and even reptiles and fishes, but which may be success-

fully inoculated from any one of these upon the human subject. The malady when conveyed to the human being is a very deadly one, whether it shows itself on the surface in the form of malignant pustule, or internally, as carbuncular sore throat or intestinal anthrax. In this country it prevails mostly among butchers, tanners, and workers in hair, but is also well known as the result of consuming the flesh of infected animals. Infection from simple contact is by no means uncommon.

Where the disease becomes wide spread, the resulting mortality may be excessive, as when in 1770 fifteen thousand men died in six weeks in San Domingo from eating the diseased beef. Cooking is a very insufficient protection as the spores have been shown to survive a boiling temperature and in particular cases even 300 degrees F., and a whole family was poisoned by beef that had been boiled for hours. Further, and contrary to what holds with most other forms of virus, it is not essential that the skin should be broken in order to insure its absorption. Frost has no influence on its potency, and animals have been known to be fatally infected by licking the frozen blood from a stone-boat when the temperature was below zero.

Infected pastures have been known to maintain their infecting qualities for six years in succession and to yield hay which continued to infect animals when fed to them at a distance from such pastures.

#### MILK-SICKNESS—THE TREMBLES.

Our best veterinarians claim that the great importance of this disease has failed to be recognized mainly because its source is to be found in certain backwoods districts rarely penetrated by those who preside over our medical literature and because it gradually recedes before the advance of improved agriculture.

Many medical men indeed express grave doubts as to its very existence. Yet the history of the malady is so circumstantial and clear that a doubt as to its specific nature is eminently disingenuous.

In its source in unimproved marshy localities it closely resembles the malignant anthrax, also in its communicability to all animals, but it differs essentially in that it fails to show local anthrax lesions, in place of which it expends its energy on nerve centers producing great hebitude and loss of muscular power. According to Dr. Phillips it is characterized by the presence in the blood, of a microzyme, like that seen in relapsing fever.

The germ is probably derived from the drinking water or the surface of vegetables, as certain wells are found to infect with certainty, and the disease has been repeatedly produced by feeding upon particular plants (rhus-toxicodendron, etc.). That these plants in themselves are not the pathogenic elements is shown by their innocuous properties when grown in places out of the regions of milk-sickness infections. It seems altogether probable that here as in anthrax we are dealing with a microzyme which has developed pathogenic properties and which can be produced indefinitely in the bodies of living animals. The great danger of this infection consists in the conveyance of the germ with unimpaired potency through the flesh and milk and through manufactured products of the latter, butter, milk and cheese.

Some even hold that in animals giving milk the system does not suffer materially, but that it is saved by the drainage of the germs through the mammary glands and that thus a milk-sick cow may remain for a considerable time unsuspected while her milk, butter and cheese are conveying mental and physical decay and death to many human beings near and remote. For the disorder proves as fatal in man as in animals, and if in particular cases it fails to destroy life, it usually leaves the subject in a condition of hebitude and physical weakness that makes life miserable.

Of the twenty or more parasites common to animals and man, I will allude to but one: the trachina spiralis. parasite is harbored by very many mammalia, and probably reptiles, but is above all common in pigs, rats and men. enter upon a consideration of this subject would only serve to weary your patience, as each and all of you have in your libraries many works that treat upon the subject, which by the way, is one that most practitioners consider of little importance, for in our Vermont towns among native population the disease is rarely seen and more rarely diagnosed. That the disease exists, was very forcibly impressed upon my mind during the first years of my practice, while doing hospital work in an institution that was peopled mainly by a low foreign element. about five thousand patients treated there during my service, in about ten per cent., the malady was diagnosed and a section of the deitoid would reveal the little devils at most any autopsy. It has been claimed that about eight per cent. of the hogs killed in Chicago have trichiniasis.

In considering in a brief way a few of the diseases common to, and transmissible from animal to man, I have designedly left until the last the question of tuberculosis, it being one, at the present time, of more than ordinary interest to the average Vermonter. It is a disease that affects nearly all of our domestic animals. Cattle suffer more than any other domestic animal, and tuberculous cattle are especially to be dreaded, seeing that they furnish so much food for the consumption of man. Statistics show that from 5 to 8 per cent. of all cattle in our Northern states suffer from this disease, while in some localities 50 per cent. or more are tuberculous. The question whether the bacillus which produces the disease in man is identical with that found in cattle has always been one of very great importance. Upon the affirmative settlement of the question rests the possibility of the transference of the disease from animals to man and man to animals. It has been generally believed by scientists from the first that the species of bacillus found in man and cattle are the same. The apparent difference that may exist may be accounted for in the difference in environment. It has been demonstrated that the tuberculous material from man may produce the tuberculosis disease in cattle, and there have been many instances that point to the conclusion that the disease has been transmitted from cattle to man. If the disease can be carried from one to the other, there can be no question that the bacillus is the same in both animals.

Dr. E. R. Brush, of Mount Vernon, N. Y., a very bright and logical writer, goes on record as a believer in the idea that tuberculosis originated as a bovine disease. He says, "One simple fact that strengthens my belief that human bacilliary tuberculosis is all derived from the bovine species is, that where this animal does not exist pulmonary consumption is unknown.

The Kirghiz on the steppes of Russia, who have no cows, have domesticated the horse, using its meat, milk and skin, and a case of pulmonary tuberculosis has never been known to exist among the tribe.

The Esquimau has no cows, neither has he pulmonary phthisis and I think it can be laid down as a fact that where dairy cows are unknown consumption is unknown."

He further says that the reason that tuberculosis is not more frequently transmitted from cattle to man is accounted for in the difference in temperature. A germ cultivated in the cow is a tropical growth because her average temperature is between 101 degrees and 103 degrees F. The human race by this mode of illustration, represents the temperate zone.

"Coffee will not grow in Connecticut unless you put it in a hot house. The bacillus introduced from the cow into the healthy man finds a difference of temperature of 4 degrees or 5 degrees, and although it may live and in a lesser degree increase, it does not become virulent until from some other cause, the temperature of the man is increased, when it rapidly multiplies and thereafter creates its own proper temperature, such as we find in most cases of tuberculosis."

Undoubtedly more deaths from tuberculosis occur among the human race than among animals, but there are far more dairy cows infected with tuberculosis in proportion to their number than in the human family. There is one very good reason why fewer deaths occur among dairy animals than among mankind, which is, the high natural temperature. We know pretty conclusively that the tubercle bacillus requires for its growth, multiplication and pathogenicity, a temperature above that of the normal body and curiously enough, the raised temperature of the human subject that is pathognomonic of the growth of the tuberculous masses is the normal bovine temperature. Consequently tubercle will grow in the cow without any disturbance of her normal temperature and the train of consequences that follows the effects of increased bodily heat does not occur in the cow from an invasion of tuberculosis. Therefore, the progress goes on in the animal and unless other morbid conditions supervene to increase the bovine temperature the tubercle does not break down and cause sepsis which is always the cause of death where the primary disease is tuberculosis.

Is not this a logical explanation of the apparent good health, good flesh and prime condition of so many of our cattle that have been subjected to the tuberculin test, condemned and when slaughtered are found to be to a greater or less extent diseased?

It has surprised people, dairymen as well as physicians and veterinarians, to find cattle apparently enjoying perfect health, in good flesh, in fact good beef, when slaughtered, in an advanced stage of tuberculosis.

The normal temperature of the cow seems to be the temperature at which the bacillus of tuberculosis flourishes best. It can and does multiply, flourish and increase in her body without making her sick, because it does not increase her temperature,

and she may go on in that way for years without apparent injury until finally sepsis and death take place.

But the bacteriologist will tell that the bacillus may and has been artificially multiplied and increased at a temperature even below that of the normal human body, and that it has been found in the body of the carp whose temperature was probably that of the water it inhabited. That signifies nothing, for it is no evidence that even though it may live and possibly multiply at such temperature that it ever becomes pathogenic under such conditions.

For example, the presence of the Klebs-Loeffler bacillus in the throat of an individual signifies nothing but exposure. It requires its presence and successful development under favorable conditions to produce diphtheria. Further evidence of this theory was given in a lecture of Professor Klebs, in 1896. Although he did not seem to have this idea in view. He said: "That there exists a very high power of resistance against tuberculous processes in normal man and animals has been shown by myself and others, through the different intensity of different infections in various animals. I have also demonstrated that the greater number of tubercle bacilli injected into the blood are destroyed there; in rabbits not more than seventeen of a thousand bacilli injected into the blood-vessels will find opportunity of forming tuberculosis knots in the tissues.

I regard nidulation (nest-building) which we call tubercle as the first step in tuberculosis. Their nests may be developed in very small numbers and the tuberculosis can remain for a very long time in a very dormant or latent state, as in single tubercle of the brain, the bones or the lungs. The spreading of tubercle bacilli from their nests is undoubtedly a consequence of an alteration of the general health.

The bacilli in such nests will not develop without some help from the body of the infected person. If the organisms which lay dormant many years in their nests begin all at once to increase in number and then propagate by detention in the blood or lymphatic vessels, there must be a diminution in the power of resistance, produced by other diseases, like measles, influenza, etc. Here we have increase of temperature with lowered vitality as advocated by Dr. Brush.

The very important and practical question that arises in the minds of every one is not, does the disease called tuberculosis exist among our cattle, for the affirmative has been demonstrated to the satisfaction of every intelligent person, but does its existence endanger human health and life? A negative answer is many times given laymen, veterinarians and even physicians. A man may be a bright intelligent farmer, lawyer, merchant or even physician and yet be in no way competent to even have an opinion upon the subject, much less to try to influence an enquiring and interested friend, for the reason that they have never given an hour's study to the subject.

If I ever pretended to have a belief about a matter of the most expert inductive science, constructions of dynamos, spectrum analysis, etc., and to publish that belief, when it utterly and absolutely contradicted the opinion of every expert in the sciences, I should hope I would be silenced for my egotism and impertinence. This is not a matter of what you believe or what I believe. Our experience and observations in this particular line may have been limited. But what is the recorded experience of competent men who have devoted months and years to the study of this particular subject and have demonstrated the truth of what they teach?

The International Congress of Tuberculosis, which convened in Berlin, May 20th, 1899, offered a prize of 4,000 marks for the best essay upon tuberculosis as a disease of the masses and how to combat it. As a result eighty-one essays were received, and July 31, 1900, through its committee, the International prize was awarded to Dr. S. A. Knopf, of New York.

Chapter 16 of the essay, under the heading of "What can the farmer and dairyman do to diminish the frequency of tuberculosis among animals, and thus indirectly stop the propagation of disease among men," the doctor says: "Every one who has anything to do with cows should be acquainted with the nature of tuberculosis in cattle, also known as bovine tuberculosis. In animals as well as in man the direct cause of this disease is the tubercle bacillus. Bovine tuberculosis is prevalent in nearly every country. The symptoms of the disease are much like those in man. They begin with relatively slightfunctional disturbances. The way the germ of tuberculosis is transmitted from animals to men and also from men to animals has already been explained. The contagion or rather propagations of the disease among animals takes place in various ways: First, by drop infections, that is to say, little particles which are expelled during the seemingly dry cough. Secondly, by discharges from the lungs, or also from the glands of the throat, coughed up in the ordinary way. Thirdly through tuberculous matter coming from the bowels. Fourthly, through secretions from sexual organs (vagina or uterus). Fifthly, through the milk if the udder is tuberculous, or if the whole body of the animal is invaded by the disease. Finally, the disease may be directly transmitted from the tuberculous cow to the calf."

Fully nine-tenths of all diseased animals examined have been infected by inhaling the bacilli dried or suspended in the air.

Fully one-fourth of the remaining diseased animals examined have been infected by taking the bacilli into the body with the food.

This implies that both food and air infections are recognizable in the same animal in many cases.

Animals are infected, though rarely, during copulation. In such cases the disease starts in the uterus and its lymph glands, or in the sexual organs and corresponding lymph glands of the bull. Perhaps from one or two per cent. of all calves of advanced cases are born infected. Among the two hundred cases of tuberculosis, including all ages, which have been examined by the writer, there were about two per cent. in which the disease is best explained as having been directly transmitted from the mother during or before birth.

We may define the dangers of infection somewhat more definitely by the statement that in any herd, even in those extensively infected, only a small percentage of the diseased animals, namely, those which are in an advanced stage, or such as have the disease localized from the beginning in the udder, or uterus, or lungs, are actively shedding tubercle bacilli. It is these that are doing most, if not all, of the damage by scattering broadcast the virus.

Diseases of the udder are particularly dangerous, because the milk at first appears normal for some weeks, and therefore would be used without suspicion. Moreover the bacilli in the diseased gland tissues are usually numerous.

The foregoing statements apply to individual herds only. To what extent does the danger extend beyond the diseased herd to others in the neighborhood? To this we may give the general answer that there is no danger unless the animals mingle on the pasture or in the stable. Tubercle bacilli are not carried in the open air, or if they are their numbers are so small that the danger of infection is practically absent. It is highly doubtful whether they are ever carried in sufficient numbers by third parties from place to place to become a source of danger. The reasons for this must be sought for in the bacillus itself. The diseased animal is the only manufacturer of tubercle bacilli, as well as the chief disseminator. Tubercle bacilli, after leaving the body of the cow do not increase in nature but suffer a steady decrease and final extermination in four to six months at the longest. Only after they have en-

tered the bodies of susceptible animals do they begin to multiply, hence, with this disease the only danger to other herds lies in the direct association, or in the transfer of a diseased animal or of milk from such animals. The greater danger exists in the immediate surroundings of the infected and loses itself as the distance increases.

Preventative measures—removal of diseased animals. This is the essential requirement in the suppression of tuberculosis. We have already stated that in only diseased animals the tubercle bacilli multiply. Hence, if these are removed and stables thoroughly disinfected, so that any germs shed by them are destroyed, we are safe in concluding that the disease is suppressed.

The disease in the early stages can be detected only with the aid of tuberculin. In the advanced stages most careful observances will probably recognize it, or at least suspect it without the use of tuberculin. Tuberculin has, therefore, become indispensable in giving the owner an idea of the inroads the disease is making in his herd and distinguishing the infected from the non-infected. Tuberculin reveals to us all stages, from the earliest, most insignificant changes, when the animal is outwardly entirely well, to the gravest and most dangerous types of the disease. Tuberculin does not, as a rule, discriminate between these cases. Hence, those who use it as a guide must not not be disappointed when, after having killed the suspected ones, they find that many are in the earlier stages of the malady. Tuberculin, moreover, is not infallible. A small percentage of cases of diseases are not revealed by it. On the other hand a sound animal now and then gives the reaction of tuberculosis. These lapses must be borne in mind in using tuberculin. In spite of them, however, tuberculin must be considered as of great value in revealing tuberculosis not recognizable by any other means during life.

The question next arises, what shall be done with the infected animals? This question is really composed of two distinct questions whose combination is mainly the cause of the present perplexity. From the standpoint of the farmer alone the matter is simple enough. The animals might be separated at once from the non-infected. Those without outward signs of disease might be fatted for the butcher and inspected. But at this point public health appears and demands the prompt and complete destruction of all infected animals, however mild the disease, or, if the animal be not destroyed the rejection of the milk of all infected animals. The interest of the stock owner and of the public health are thus diametrically opposed.

After all animals have been segregated or killed as the case may be, the stables disinfected, the remaining healthy animals should be retested with tuberculin within a certain period of time, from three to six months after the first test, to make sure that no disease has been overlooked.

Future repetition must be recommended according to our present knowledge for some cases have been missed by the tuberculin or the disease germs may possibly be reproduced by tuberculous human beings or by tuberculous cats, dogs or other domesticated animals. All animals introduced into a herd must have been tested and found to be sound beforehand. This is such a self-evident proposition that it needs no comment.

The tuberculin test should always be applied by a competent veterinarian, and no danger will arise to the animals, for when properly applied the healthy animal is never affected thereby. Disinfection of all stables and surroundings that have been inhabited by tuberculous cattle should be very thoroughly done. Cattle should be housed as little as possible.

[TO BE CONTINUED.]

### Pulmonary Tuberculosis--A Brief Consideration of Its Etiology, Symptomatology, Diagnosis, and Treatment.

By H. Edwin Lewis, M. D., Burlington, Vt.

The greatest scourge of humanity to-day is pulmonary tuberculosis. No other disease removes so many lives from the field of human activity and no other disease from an economic standpoint causes so great financial loss to every civilized community. The victims of this dread disease in the majority of instances are individuals in the productive period of life, many, alas, in the very beginning of that period. This being so it is certainly strange that the economic phase of the tuberculosis question has not been more carefully considered.

Nearly everyone is aware that pulmonary tuberculosis occurs most frequently in early adult life, that is at an age from eighteen to thirty years. Both the State and the family have borne considerable expense in the preparation of each individual for the productive period, which usually begins at about the eighteenth year. Consequently the large number whose lives are cut short at this point or soon after by pulmonary tuberculosis can only mean a great financial loss to the State, and since such a loss has to be met in some general way, the result is that an increased burden of taxes is thrown on the families of every community.

There is then an economic as well as a humane indication for trying to reduce the mortality of pulmonary tuberculosis to the lowest possible point, and the expense which the State has borne to get an individual up to the age of eighteen or twenty years warrants not only every cent expended in protecting that individual from pulmonary tuberculosis, but the additional expense of providing sanitoria, open air hospitals,

consumptive camps, and so forth for those who have contracted the disease, and all of which during recent years have been found so efficacious in restoring health and a productive existence.

It is not necessary to speak of the distress and misery that pulmonary tuberculosis causes the family of every person attacked. The anxiety and despair that one suffers in witnessing a dear one in the clutches of a malady so insiduous, so progressive and withal so hopeless, can only be realized by one who has actually passed through such an experience. The many poor families every year who have to go through all this, to say nothing of the actual privation and distress that such a disease entails, bespeaks every effort from *every* source and in *every* direction to decrease the prevalence of the disease.

All these things together with what the afflicted individual actually suffers himself, make preventive measures of paramount importance. Argument is unnecessary to justify the most insignificant and seemingly unimportant sanitary precautions, and the value of every sanitary measure is nowadays quite universally admitted. Therefore my only excuse for threshing over ground that has been so well covered by countless other writers, is to fulfil the duty of every physician—to preach at every opportunity the gospel of prophylaxis and its importance to the human race.

But in our enthusiasm for sanitation and all-prophylactic procedures we must not lag in our study of tuberculosis itself, nor the methods most serviceable in combatting its fearful influence on afflicted individuals. Recent literature has contained almost a surfeit of articles on this subject, and the tuberculosis question would be a hackneyed one if it was not for its absorbing interest to all humanity. The many unsolved problems presented in the study of pulmonary tuberculosis, particularly in its clinical and pathologic aspects, are sufficient excuse for every physician's interest in the disease. If he sees fit to

especially study and observe his cases, it is certainly his privilege to present his views. There may be nothing new or original in his deductions, but their presentation may serve to emphasize old facts and make them stand out clearer and stronger. Hence this article.

It is a fact that pulmonary tuberculosis in its incipiency is decidedly amenable to wise systematic treatment. It is by no means unduly optimistic to advance the statement that over sixty per cent. of all cases of pulmonary tuberculosis can be cured absolutely if proper treatment can be inaugurated during the first two or three months of the disease. Early diagnosis is the keynote of successful treatment and when the medical profession awake to this fact and pay wiser attention to early symptoms, objective as well as subjective, there will be a far less number of valuable lives sacrificed each year to delay and neglect.

Etiology.—It is very evident from recent examinations and experiments, that every member of the human family is frequently exposed to tubercular infection, while those who are thrown more or less constantly into the company of tubercular patients are naturally much more so. That more than do never succumb to the disease supports the growing opinion that the human organism under normal conditions is able to safely resist or repel the ubiquitous tubercle bacillus. Furthermore the frequent discovery of old and healed foci of tubercular infection during post mortem examinations of people dying from other and independent causes, leads us also to believe that the body is able to overcome, or at least hold in abeyance, many infections which have taken place.

Some recent figures\* published by Dr. Nageli are significant. In 97 per cent. of a large number of adult cadavers evidences of tuberculosis were found. Of 284 necropsies only

<sup>\*</sup>Fortschritte der Medicin, xviii, No. 28, p. 541.

6 were free from tuberculosis, 63 had died of it, while 215 showed presence of the disease though not in fatal form. Nageli's conclusion that almost every adult is tuberculous would seem to be well grounded.

Since, however, the mortality is only about one-seventh we should take renewed confidence in the success of Nature's efforts alone in combatting the majority of tubercular infections, and from her methods obtain the most valuable suggestions in regard to treatment.

Accepting then the fact that there are two factors in the development of the disease, the seed and the soil, it will be proper to speak of the causes of tuberculosis as exciting and predisposing.

The exciting cause is of course the tubercle bacillus. This germ, which was discovered by Koch in 1881, is of extraordinary vitality. Freezing does not destroy it, and it will survive for months under seemingly the most unfavorable circumstances. In fact careful examinations, and the results obtained from inoculating guinea pigs with the dust collected from rooms long after having been occupied by tubercular patients, would seem to indicate that under certain conditions tubercle bacilli may live almost indefinitely outside of the body, and while incapable of multiplying will still maintain their virulent properties.

It is certain from the experiments of Nuttall and others, that an infinite number of tubercle bacilli are thrown off daily in the sputum of consumptives. Coughing ejects minute drops of sputum into the air, thus polluting it with myriads of bacilli, while the sputum which dries on the beard, handker-chiefs, spittoons, etc., becomes minute dust-like particles and is rapidly mingled with the dust and diffused throughout the atmosphere.

Every consumptive then is the center of an infective zone limited in its extent by individual cleanliness, and the deposi-

tion of his infective material wherever he goes insures more or less widespread distribution of the germ. To be sure the germs are not constantly in the air, for gravity causes them to fall like all other particles of dust and settle on floors, draperies, articles of furniture, clothing, etc., but agitation of the dust by sweeping, dusting and the like immediately contaminates the atmosphere and consequently disseminates the germ.

Inhalation of air thus contaminated is probably the most frequent way in which the tubercle bacillus gains entrance to the human body. Food exposed to contaminated air may acquire large quantities of the bacilli, while certain articles of diet like meat, milk and butter may come from animals afflicted with the disease. Some doubt exists as to whether food products from infected animals ever do produce the disease, but while it may be true that the disease is rarely produced in this way, there is yet a very possible and logical danger from tuberculized products from tubercular cattle or swine.

But entrance to the body is not tantamount to immediate onset of the disease. It would seem from examination of the lymphatics of many patients, and a knowledge of the functions of the lymph-nodes in arresting or filtering, as it were, the foreign particles which are brought in contact with them, that these structures are at least temporarily the retention depots of the tubercle bacilli.

The frequency of primary glandular tuberculosis in children and young adults, and its comparatively frequent spontaneous cure, supports the conclusion that the lymphatics, particularly the cervical and bronchical glands, histologically or chemically are able to take care of, and if not destroy, at least to arrest the action of the tubercle bacilli in the great majority of cases.

Under normal conditions then it is fair to suppose that the field of operation of the tubercle bacilli is limited to the lymph glands, but let the bodily conditions fall below par, or inflam-

matory changes in the lung or adjacent tissue put extra tax on the already attacked and overworked glands, and the hordes of tubercle bacilli break loose from the bonds that hold them and hurry away to attack the most vulnerable part of the body.

Another reason which strengthens the supposition that the lymph glandular system has the power of inhibiting the action of the tubercle bacillus is the fact that the germs taken from infected glands show marked decrease in virulence. So it is logical to believe that the bacilli of tuberculosis, in the majority of instances, are either limited in their pathogenic action or entirely prevented from doing harm by the lymphatics and the leucocytes, which constitute as a whole a physiologic police system, rising and falling in effectiveness with the variations of nutrition.

Since, then, the tubercle bacillus is open to limitation in the human organism, I would place far greater importance on the predisposing cause of tuberculosis, which invariably precedes infection, and by removing the physiologic obstacles to the growth of the germ, permits it to rapidly develop and work its harm.

The predisposing cause of tubercular phthisis is a decrease of vital resistance or a special susceptibility to the disease from unhygienic living or surroundings, defective physical development, hereditary susceptibility from chronic diseases of parents or grandparents, debility and increased vulnerability following certain diseases like whooping cough, measles, influenza, pneumonia and other specific maladies, bad habits, or the deleterious influences of certain occupations. The exact nature of this susceptibility to tuberculosis is little understood but it probably consists—

1st. Of certain chemic or histologic conditions of the lymph nodes resulting from the above hereditary tendencies or circumstances of environment which fail to arrest or inhibit the growth and systemic ingress of potent tubercle bacilli, and 2nd. Of some retrograde metamorphosis of structural cells in any part of the body (but more often in the lung) from trophic, traumatic or toxic influence which favors the local growth of the invading germ.

At the head of the causes which decrease vital resistance I would place air starvation, either from deficient supply of good air or deficient capacity to receive it. Both of these conditions profoundly affect the metabolism of the whole body, thus lowering the resistance of the lymph nodes, and by decreasing expansion and immediately affecting the pulmonic circulation provide a fertile field for the local development of tubercle.

The apices of either lung show the least resistance, since from anatomic reasons degenerative changes are more frequent in this portion of the lung. The right apex would seem to be even less resistant than the left, possibly from a slight exaggeration of the before mentioned anatomic reasons, for of 64 cases I have been able to examine during the incipient stage, the right apex was involved 41 times, the left apex 21 times, the right middle lobe only twice.

Next to air starvation gastro-intestinal disease is the principle cause of a lowered vital resistance. This factor works in two ways: first, impaired digestion and assimilation may profoundly lower the vitality by directly affecting the general nutrition; second, the intimate relation of the digestive apparatus with the heart and lungs through the pneumogastric nerve may occasion marked changes in these organs by reflex or trophic action. It is certainly true that heart weakness is a factor in producing malnutrition, and that diminution of heart power and irregularity of its action is a common accompaniment of gastro-intestinal disease requires no argument, for every physician is constantly meeting such cases.

The other factors in the failure of vital resistance need little consideration. Suffice it to say that nearly all increase vulnerability of the body by impairing nutrition.

It is hardly necessary to take up the **morbid anatomy** of pulmonary tuberculosis. All authorities are remarkably uniform in the description of tubercle, "with its collection of round cells and epithelioid cells, with at times giant cells," and the pathologic changes which it undergoes.

To go into minute description will only be to repeat what is well known, or easily acquired from the standard text-books. In this connection, however, it will not be amiss to emphasize the fact that the tubercle bacillus is invariably present in a tubercular process. Its presence establishes the exact character of the process. Therefore, since the detection of the germ in the presence of certain pathologic conditions is so significant, it should be sought for early. Indeed, the writer would make it of the utmost importance to seek for the bacillus wherever the slightest suspicion can attach itself to any expectoration from the lungs or respiratory tract.

The apparatus needed is so inexpensive, and the methods so simple, that every physician should make examination of the sputum as common a routine diagnostic procedure as examination of the urine. Early diagnosis is of priceless value to the patient, and the physician who is able to begin his treatment early, with a definite knowledge of what he has to combat, certainly has a far better prospect of benefiting his patient.

The easiest and simplest method for routine examination of the sputum for tubercle bacilli is that known as the Ziehl-Gabbet method. By this method the bacilli are stained red by Ziehl's carbol-fuchsin stain and the pus-corpuscles, epithelial cells and unimportant bacteria are decolorized and stained blue by Gabbet's methylene blue-acid solution. The different details of the various methods are easily obtained from any work on pathology or bacteriology.

Many times the bacilli are not found in the sputum on the first examination, but it should be remembered that clinical experience has demonstrated that negative examinations cannot be considered final as long as suspicious symptoms remain.

In rare cases the tubercle bacilli may be present, but from some chemic change or tinctorial peculiarity they may not stain by any of the known methods of staining. I have seen several cases that have never shown tubercle bacilli in the sputum even to the day of death. But I have been able to demonstrate that the disease was tubercular by not only the course and outcome of the disease, but by post mortem examinations, and inoculation experiments on the lower animals. While the microscopic examination of the sputum is highly important and a valuable aid to diagnosis the clinical symptoms and physical signs of the disease should be given due weight in every instance. Many physicians are prone to decide their patients' fate on the result of one or two examinations of the sputum, and thus regulate or define treatment to the complete neglect of the clinical evidence. The error of deciding the case entirely on the sputum examination has doubtless resulted disastrously in many instances, and I am aware of at least three recent mistakes of this character that have been made by prominent practitioners whose knowledge of physical diagnosis ought to have told them better.

Again, in many instances, although the symptoms may be exceedingly grave and strongly suggestive of incipient phthisis, the cough may be very slight and expectoration entirely absent. In these cases small repeated doses of potassium iodide, or preferably hydriodic acid, will very frequently increase expectoration and accentuate the physical signs on auscultation.

I am convinced, however, and my convictions have been justified by my own cases, that repeated microscopic examinations covering a period of one or two months, will almost invariably demonstrate tubercle bacilli if present and the patient is not improving.

I do not place much importance on the number of tubercle bacilli in each field or specimen of sputum, for I have seen very virulent cases in whose sputum it was exceedingly difficult to find a single bacillus, while in mild cases in which the clinical diagnosis was open to great doubt, every microscopic field was simply loaded. The mere presence of the germ is of itself the significant feature. The greater or less number of bacilli present simply indicates the condition of local foci at the time the sputum was expectorated, and is by no means necessarily an index of the general condition.

The demonstration of **elastic tissue** in the sputum requires no particular skill, but its detection is of considerable import since it positively shows a destructive process in the lung tissue. Its presence, coupled with knowledge and careful consideration of a patient's symptoms, is quite often as significant as finding tubercle bacilli.

To find elastic fibers, the sputum should be boiled in a 5 or 10 per cent. solution of caustic soda and the whole allowed to stand for a short time. The elastic fibers if present will be found in the thickened sediment which settles to the bottom of the solution.

Another valuable use to which the microscope can be put by the practitioner is for **examination of the blood.** Here again the apparatus is not expensive, the required technique is easily mastered, and the results are often a valuable aid to diagnosis.

The blood in tubercular phthisis is always altered, and while the alteration may vary in degree in different individuals, the changes are sufficiently constant in all cases to be of considerable importance.

The initial changes are those coincident with the anemia which so often is one of the first symptoms of pulmonary tu-

berculosis. Very frequently counting the corpuscles will show little or nothing, though sometimes early in the disease the leucocytes are diminished. Careful staining of the blood cells, however, will in many cases exhibit marked phenomena like degeneration of the leucocytes, shown by a ragged or absent cell membrane, absent or fragmented nuclei, and changes in the ratio between the lymphocytes and the poly-nuclear and mononuclear leucocytes. Late in the disease the leucocytes are usually increased, but the degenerative changes are still evident. Improvement in the nutrition of a tubercular patient is shown by marked improvement in the character of the blood and its elements.

The symptoms of pulmonary tuberculosis are very varied, depending on the individual, the course and virulence of the infection, and the stage and duration.

It is of great importance, if we are to accomplish anything in the treatment of tubercular phthisis, that the disease should be early recognized. Late treatment is always unsatisfactory, while that inaugurated in the incipient stage is invariably of marked service.

The earliest symptom of tubercular infection is variation in the temperature range. The presence of one degree above normal temperature any time during 24 hours without evident cause is one of the most significant symptoms of incipient phthisis. Because of its importance the attending physician should search for this symptom most assiduously.

It is useless to form an opinion from the perfunctory night and morning record. The exacerbation of temperature may vary in the time of its appearance in different individuals, or even in the same individual, showing itself at different hours of the day, or in some cases only on every second or third day.

But if a tubercular infection is present, a careful two or three hourly record of the temperature from 6 o'clock A. M. to 10 o'clock P. M., covering one week's time, is quite certain to demonstrate a slight rise sometime during the period with an occasional fall to subnormal.

To be continued.

### A Third Report on Aspirin.

#### By Karl Manasse, M. D.

In two previous communications I reported my observations with aspirin, the new substitute for the salicylates, up to date. Since then I have continued my experiments essentially in the same class of cases. Up to the present time I have treated with aspirin 20 cases of acute articular rheumatism, 15 of chronic articular rheumatism, 5 of headache due to influenza, 3 of headaches of uncertain origin, 4 of lumbago, and one of herpes zoster. In all cases of acute articular rheumatism as well as in cases of lumbago, influenza, and headaches the drug had an excellent effect. In chronic rheumatism improvement was usually observed, while in a few extraordinary obstinate cases of this disease, aspirin, like salicylate of sodium and other rheumatic remedies, proved ineffective. One of my principal objects was to determine the advantages of aspirin over the other anti-rheumatics, and from the very accurate observations that I have made, I would regard the following as noteworthy: I. Its agreeable taste, which is acidulous as compared with the sweetish stale taste of sodium salicylate. 2. Absence of any by-effects, neither tinnitus nor digestive disorders. The cardiac affections so frequently occurring in the course of acute articular rheumatism were not, however, prevented by aspirin. With regard to the dosage, I administered in the first 30 cases daily quantities of 45 to 60 grains. I next reduced these to 8 grains, three times daily, and finally even resorted to as small doses as four grains, four times daily. Yet even under this reduction of single doses the desired effect never failed to appear. Even in cases of acute polyarthritis with high fever, marked swelling and violent pains, the action of the drug was promptly manifested. Hence, I am led to conclude

that aspirin will maintain the place that it has already gained in the materia medica, and that it represents a complete succedaneum for the salicylates.

Die Heilkunde, March, 1901.

### Thurber Medical Association.

The forty-eighth annual meeting was held at Hotel Willian, Milford, Mass., Oct. 3, 1901. The secretary's report showed a decrease in membership and a falling off in attendance and interest, as compared with the past few years. The treasurer reported all bills paid and a balance on hand. After some discussion it was voted to suspend the dues for the coming year, and hold meetings quarterly instead of monthly. The following officers were elected:

President—N. C. B. Haviland of Holleston.
Vice-President—Ralph C. Fish of Hopedale.
Secretary—J. M. French of Milford.
Treasurer—LeGrande Blake of Milford.
Librarian—C. D. Albro of Milford.
Orator for 1900—N. C. B. Haviland.
Alternate—O. W. Collins of South Framingham.
The next meeting will be held at Franklin, Dec. 5.

J. M. FRENCH, Secretary.

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### EDITORIAL.

### Substitution.

Every now and then as some particularly flagrant act of substitution is brought to the attention of the medical editor, he launches forth into a tirade against the "crime of the druggist." This is all right but it is time that something more strenuous was done than to simply decry the act.

It is manifestly true that ethical manufacturers depend on the patronage of the medical profession for the widespread use of their products, and if the druggist will not respect the requests of the physician and the interests of the manufacturer by the honest filling of prescriptions, it is high time that the manufacturer and the physician should get closer together and eliminate this pharasaical thorn in our flesh, the substituting,

counter-prescribing pharmacist. Everywhere all over our country physicians are getting more and more into the habit of dispensing their remedies and we believe that this is the solution of the problem. The medical profession are quite essential to the druggist (except, we may parenthetically say in a prohibition State) but the druggist is by no means essential to the medical profession, if manufacturers will more generally deal directly with the physician.

In every center there should be a wholesale house for the physician where he can get all the various preparations that are advertised in his medical journals, as well as the standard products of such reliable houses as Parke, Davis & Co., H. K. Mulford Co. and others. Then if he wants to dispense such old and tried preparations as Fellow's Compound Syrup of Hypophosphites the Nestor of all tonics, Pepto-mangan "the Good," Hayden's Viburnum Comp., Bromidia the rest maker, Phillips' standard products, the Maltine preparations, recognized as the standard of their class, the Bayer products, Glyco-Heroin (Smith) and Ergo-Apiol (Smith), Thialion, the real Gray's Glycerine Tonic, Glyco-Thymoline (Kress), Hydrozone and those other things that ordinarily he has written prescriptions for, he can have them delivered to his office inside of an hour, and at prices that will warrant his expenditure of time and bother.

The druggist can go his way dispensing as he can and selling his various drinks, cough syrups, kidney cures, pile drivers and the like but the proper dispensation of standard remedies will be in the hands of those who have most at stake.

## Medical Abstracts.

Surgical Hints.—In bullet wounds of the head the bullet itself is commonly too small to give symptoms of compression. If the latter exist they point to pressure by hemorrhage or fractured bones, and an operation is indicated.

In plastic operations in which a flap is to be removed, we must always bear in mind the fact that these flaps will contract, and that for this reason they must be cut at least one-sixth larger than the space to be covered.

,When removing large grafts with a razor, for skin grafting, allow a stream of saline solution to run over the razor while cutting. This will help it to cut better, and lifts up the grafts, preventing them from adhering to the razor, and facilitates their removal.

After blows upon the head, when a period of consciousness follows the first symptoms of concussion, and is later again replaced by a state of unconsciousness, there is evidence that cerebral compression is taking place, pointing to the necessity of surgical intervention.—*Internat. Jour. Surgery*.

A Simple Rule for Estimating the Amount of Solids in the Urine.—Says Dr. L. Duncan Bulkley, in the Journal of Cutaneous and Genito-Urinary Diseases, "Multipy the last two figures of the specific gravity of the urine by the number of ounces voided in twenty-four hours, and add ten per cent. to the product. Thus, if the amount passed in twenty-four hours was thirty-six ounces, and the specific gravity 1021, it would be 36 multiplied by 21 equals 750 plus 10 per cent. equals 831, the number of grains of solids in the whole amount. By

comparing this with the table it can readily be ascertained if the amount is above or below the normal standard for the body weight of any patient." He says that the method is Haines' modification of Hasser's.—Med. Brief.

Notes on the Action of Heroin as Compared with that of the Other Derivatives of Opium.—In the Montreal Medical Journal for June, 1901, Gillies states that from his experience with the drug the following conclusions may be drawn: Heroin may be regarded as a valuable addition to our therapeutic agents. It is superior to morphine or codeine in irritative cough. In dyspneic conditions it is of special value. As an analgesic it is inferior to morphine, but heroin hydrochloride should have further trial before a definite statement is made in this respect. It is less toxic and therefore more safe than morphine and codeine. He is as yet unable to state whether the habit is likely to be formed or not.

# \* Publisher's Department. \*

Neurotic Conditions of Climacteric Period.—This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic; a statement that seems borne out at least in part by the predominence of the various reflexes. How far the latter condition may be due to irritation of the nerve-ends in the ovary depends, it would seem, on the degree of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often much annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases, two five-grain antikamnia tablets repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothed and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak, as they relieve pain, and without unpleasant after-effects. In cases of threatened metrorrhagia it is always advisable to administer "antikamnia and codeine tablets" as frequently as may be found necessary, say one every hour until six are taken. (George Brown, A. M., M. D., Atlanta, Ga.)

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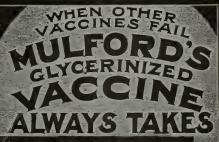
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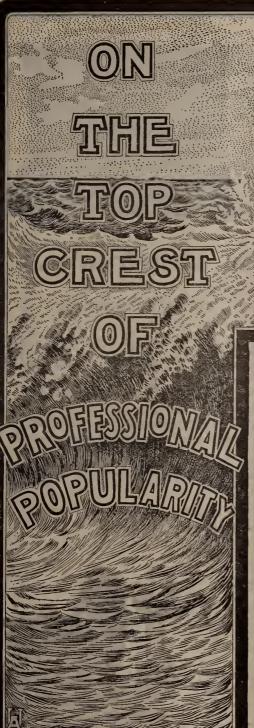
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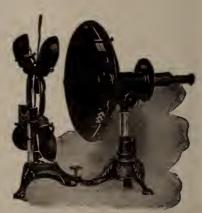


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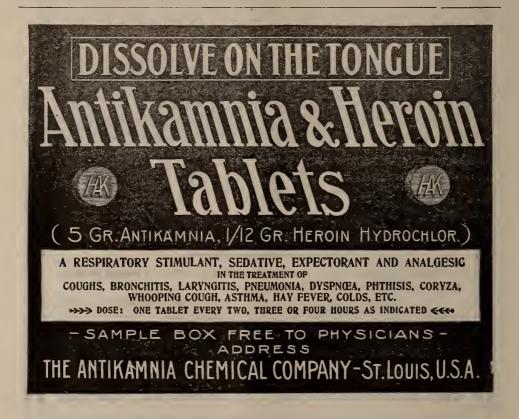
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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medical Association.

Vol. VII.

NOVEMBER 25, 1901.

No. 11

# The Relation of Animal Diseases to Public Health.

By Don D. Grout, M. D., of Waterbury, Vt. (Continued from last month.)

A royal commission appointed by the British Parliament reported in 1888 that their investigations proved the fact that tuberculosis-infected milk is the principal source of infection in the seventy thousand deaths per annum in Great Britain from tuberculosis and especially dangerous when derived from milch cows whose udders are affected.

The great danger of tuberculosis-infected milk has been emphasized by Sir Richard Thorne in his Harben lectures. Whereas, the phthisis in adult life has steadily decreased prorata with sanitary improvements the number of deaths amongst young children from tabes mesenterica has increased as steadily, and that too proportionately with the amount of milk consumed, particularly infants' milk. It is calculated that 25 per cent. of the milch cows in Great Britain are tuberculous.

Dr. John D. Richards, of the Loomis Sanitarium, N. Y., in Sajous Cyclopaedia of Medicine, published the present year, says: "Infection by tuberculous meat eaten in a partially raw

condition has been frequently demonstrated as well as the danger of infection by tainted milk. The latter is not an infrequent source of infection and by many observers is accountable for the prevalence of intestinal and mesenteric tuberculosis in children."

The International Congress of Veterinary Medicine at Paris adopted the following resolutions:

- 1. Bovine tuberculosis should everywhere be classed as a contagious disease and under the supervision of the health authorities.
- 2. Animals known to be tuberculous should be killed and their meat excluded from the markets.
- 3. That the use of milk from tuberculous cows must be prohibited.
- 4. All dairies should be subjected to a scrupulous inspection from time to time.

Dr. Harold C. Ernst, of Jamaica Plains, Mass., in a paper read before the Association of American Physicians said that there was no ground for the assertion that there must be a lesion of the udder before the milk could contain the infection of tuberculosis. That the milk from cows affected with the disease in any part of the body might contain the virus. That the bacilli of tuberculosis were present and active in the milk in a very large proportion of cases, in cases affected with tuberculosis, but without any lesion of the udder.

The Scottish Metropolitan Medical Society unanimously adopted the following resolutions:

"That the society thoroughly believing tuberculosis to be a systemic and contagious disease urge upon the government to stop the sale of milk from animals suspected of being affected with tuberculosis, to suppress the consumption of meat from tuberculous animals and to give compensation for a limited number of years." The question of whether the udder is diseased or not, or even whether the particular cow from which the milk is drawn is tuberculous or not, in my opinion is one of little or no importance, if the fact exists that tubercular animals are confined in the same stable, for in a large proportion of tubercular cattle the disease exists in the gastro-intestinal tract and the bacilli are thrown off in the dung and more or less of this adheres to the animal when it lies down and this by the careless milker is brushed off into the milk. The dung also becomes dried, the dust of the stable is loaded with the germs and it is doubtful if a pail of milk ever leaves a stable where the disease exists without containing tubercle bacilli.

The sources of possible contamination which surround the milk after it is drawn from the cow are many and serious on the majority of dairy farms as they are conducted at the present time. Until all of the dangers of the dairy are recognized, many of the more grave menacing ills cannot be remedied. It must be remembered, in considering milk that there is no other article of food just like it. There is no food, fluid or solid, which presents so many favorable conditions for the absorption of the tangible material of disease for its preservation and multiplication, and in no other instance is a medium for the conveyance of infection by which so much harm can be accomplished in such a short time. Of course a certain degree of heat will disinfect milk but even a high temperature will not eliminate the toxins already contained therein.

Prof. H. W. Conn, in speaking upon the subject of dairy bacteriology, referred to the strange fact that milk after passing through a centrifuge (the so-called clarification process) although it contains less gross impurities shows more bacteria than before. This is explained by the fact that masses of dirt are broken up and larger numbers of bacteria liberated. He further says that within five years fifty epidemics of typhoid fever have been traced to a contaminated milk supply.

While the ideal milk supply does not by any means include sterilization or pasteurization he thinks that their methods could not at present be wholly dispensed with.

Around every dairy, unfortunately, a multitude of dangers exist which are not always appreciated or avoided and hence culminate in disaster.

There are many other animals about the dairy besides the cow which menance the dairy product. Often as seriously as a diseased cow herself, horses, dogs, cats, rats, mice and fowls undoubtedly are the direct means of infecting milk and of passing contagion along to the human race. Cats loll and purr around many dairies all day and it is a very common thing to see a wheezy old cat lapping warm milk from a pail or other container.

These animals are known to succumb to a throat trouble which appears identical with human diphtheria, and it is also known that they die from many tuberculous forms of disease. So it is not unreasonable to ascribe contagion to these animals when they are allowed the freedom of the dairy.

Dogs prowl about the farm day and night and very often depend upon the carcasses of dead animals for their living. Cows, horses, and pigs often die of septic and contagious diseases; the carcasses are hauled into the woods and fields away from the house and there left exposed as meat for farmers' dogs. These dogs come back and lap the milk from the pail, lick the empty vessels which are never perfectly cleaned and can there be doubt that the milk is thus infected? Where this danger exists in a dairy it is practically unlimited.

Rats and mice infect the ordinary dairy; they get into the milk and the milk vessels. These animals also have their diseases and therefore the element of danger and diseases from these pests must be acknowledged. I could go on enumerating similar conditions until the close of this meeting, but there are other evils and dangers that we encounter besides bad milk that

require some consideration, and in closing I will briefly allude to one of these, i. e. the slaughter-house. In many cases these houses are located on the banks of rivers or creeks, into which they drain. Frequently the offal is thrown down an embankment and left there to be eaten by hogs, dogs, and rats, or to decay and drain into the streams. Ouite often the slaughterhouse is located on the farm, the butcher giving the offal to the farmer as feed for his hogs, in lieu of paying rent. In case a town is provided with more than one slaughter-house, these houses are generally scattered north, south, east and west, each butcher apparently trying to locate his house so as to prevent an undue amount of curiosity on the part of his competitors regarding the character of his stock. Every slaughter-house is, from the very nature of things, a center of disease, and naturally the poorer the conditions of the premises the more dangenous they are. If only a few animals are here killed, some are sure to be diseased. At least one of the hogs has trichiniasis and when the offal of this hog is fed to other hogs which are raised on the grounds these hogs cannot escape infection with trichinae.

Slaughter-houses are generally overrun with rats, they eat the offal, become infected and transport the disease over an unlimited area.

Of the cattle killed during the year some of them surely have tuberculosis,—and here let me say that during the past eighteen months I have ordered burned or buried eighteen beeves killed by our local butchers, that were so manifestly tuberculous that they did not dare to put them upon the market without consulting the health officer. Probably more than eighteen more went through unobserved, for when it is a matter of twenty-five or fifty dollars at stake the butcher is not apt to use a magnifying glass,—the entrails are fed to the hogs on the premises and there can be but one result, and that is to spread tuberculosis to the hogs on the premises.

Many of the dangers enumerated may be avoided by prudence and cleanliness. Many can be lessened by legislation and a rigid enforcement of the laws already enacted. The needed legislation is such as will require that the tuberculin test be applied to every bovine animal in the state, and the slaughter of every animal responding to the test; immediate cremation, or where this is impracticable, the thorough burying of the carcasses. And unless the dairy men can be educated to see that it is not for their interests, to say nothing of the interests of the consumers of their products, to keep their cattle in unhygienic surroundings, such as small, dark, damp, and unventilated stables, and the pernicious, cruel and inhuman practice of stabling cows in any kind of enclosed stables on hot summer nights, a law requiring a rigid inspection of dairies should be enacted.

But unfortunately, many of the dangers will have to be endured, for we are a heterogeneous people, where God is for us all, each one is for himself, and the devil take the hindermost.

A Surgeon's Secuing Machine.—This was exhibited by Dr. Paul Michel at the late Congress of Medicine. The instrument is quite small, easily held in one hand, and has received the Barbier prize of the Faculte de Medicine. In future a surgeon need not slowly stitch the edges of a wound. With the left hand he keeps the lips together, and with the right he fastens it by means of little clasps or "agrafes" of nickel, having points, and applied to the machine, a species of pincer armed with them, which can be disinfected by heating it red hot.— Exc.

#### Pulmonary Tuberculosis--A Brief Consideration of Its Etiology, Symptomatology, Diagnosis, and Treatment.\*

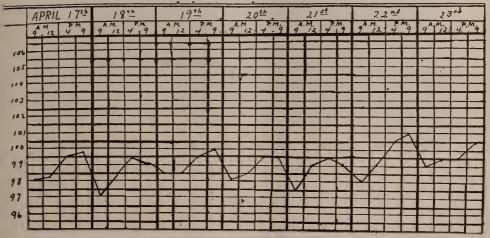
By H. Edwin Lewis, M. D., Burlington, Vt. (Continued from the last issue.)

I am in the habit of loaning an accurate thermometer to intelligent patients, with directions to keep a careful two or four-hour record of the temperature while awake. The results are very often significant as will be shown by the following histories, with charts covering one week's time in the initial stage of two patients:

Case I.—R. D., female, age 22, married, French; family history negative: Three months before consulting me was delivered by an assistant, Dr. F., of a child that died next day. Labor had been protracted from uterine inertia, and was finally terminated by a high forceps operation. Convalescence normal and uneventful. On her first visit to my office, which, as before stated, was three months after her confinement, she complained of nothing but distress after meals, with a loss of appetite, and a sense of fatigue and weakness in the morning during the preceding week. Hydrochloric acid, with a stomachic, was prescribed, and arrangements made for keeping a careful record of the temperature 4 times a day.

Following is the record:

Chart I.



<sup>\*</sup> Reprinted from the Medical Mirror,

April 24th, there was no cough nor expectoration and physical examination was negative. No perceptible emaciation. From her temperature and appearance of general debility, however, following what apparently was complete recovery from her confinement, I was led to suspect incipient pulmonary tuberculosis, and so informed her husband. Careful directions for feeding and rest were given her, and she was told to report in a few weeks. I did not see her, however, for three months, for, as she expressed it, "her stomach got well and she didn't think it was necessary to come back."

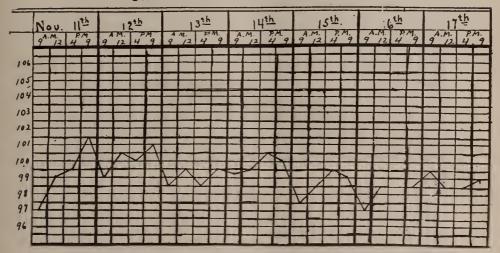
July 20th, 1899, I was called to her home and found her suffering with what appeared to be a severe attack of bronchitis. She claimed to have caught cold at some party or dance a few days before, and was taken with chills and sore throat the next day. As it had grown worse and "gone down on to her chest," she thought she would have the doctor.

Examination of her chest showed marked dullness over the right apex and whole upper lobe: numerous moist rales; some expectoration; temperature 102.4; pulse 100. Prescribed simple remedies, and had her save some sputum, which was reported negative when examined next day. A specimen 10 days later showed numerous tubercle bacilli. She ran the usual unstable course of the average tubercular patient, consulted many physicians, tried every known remedy, and died in the Spring of 1900.

The case is quoted at some length in order to show the early appearance of fever and the rather abrupt onset of pulmonary symptoms three months after the doubtful diagnosis of pulmonary tuberculosis was made.

Case II.—P. M., female, age 19, single; father alive and well, mother died six years before of epilepsy: Consulted me in November, 1898, for complete aphonia. There was no apparent cause for her condition as she seemed in the best of physical health. Laryngoscopic examination showed normal condition of larynx and vocal cords. Her generative organs were in normal condition. Had the same loss of voice one year before, which was diagnosticated hysterical aphonia by another physician and so treated. Recovery from her former attack was sudden and complete. Temperature chart was as follows at the end of one week:

#### Chart II



There were no physical signs on percussion or auscultation. No cough or expectoration. No emaciation, her weight, which was 122, remaining the same throughout the Winter. But the fever was suspicious and incipient phthisis feared accordingly. Tonic treatment was instituted, and careful directions given in regard to diet, rest and plenty of outdoor life. In May, 1899, her voice returned, and she went into the country. Her condition improved to a considerable extent, and I lost track of her until March, 1900, when she consulted me again, this time for amenorrhea.

I was quite surprised at her appearance for she had failed greatly. Her appetite was gone and she was easily fatigued, and for nearly a month had been bothered in the morning by a slight cough. Chest examination showed increased apical dullness on the right side, with a few moist rales. Had had no trouble with her voice. Examination of sputum showed the presence of a few tubercle bacilli. Tonic and hygienic treatment was inaugurated, and she began to gain. At present her condition is much improved and she has gained 11 pounds in weight. Tubercle bacilli, until April, 1901, were present in the sputum.

The case is interesting as it shows the early appearance of fever, without evident cause, at least 15 months before the onset of cough and expectoration.

In 64 cases that I have been able to observe or obtain accurate data from during the early stages, 55 showed a rise of temperature during the 24 hours of each day, 5 showed a rise on alternate days, and in 4 a record of increased temperature was not obtained, though a drop to subnormal was frequently observed. Subnormal temperature some time during the 24 hours of each day was noticed in 43 of 63 cases. The time of day at which the highest temperature was recorded was between 2 and 6 o'clock P. M. in 48 cases. The lowest or subnormal temperature was between 5 and 9 o'clock A. M. in 39 cases.

The pulse may give another significant symptom of incipient tuberculosis. It is as a rule increased in frequency but decreased in force and tension. A pulse rate of 88, 96 or even 120, out of all proportion to the temperature, is not uncommon. In 59 of the above 64 cases a pulse rate of 88 or over was observed.

Next to the rise of temperature and increased pulse rate the most significant symptom is **cough.** It may be slight, indeed so slight as to escape the patient's attention, but careful inquiry from other members of the family will almost invariably elicit the information that there is a little cough in the morning. The cough may be dry and just a little hack, but it is quite constant early in the disease.

The patient's testimony should not be taken as final in regard to cough, for I frequently have them come into my office and assert that they are not coughing at all, when their cough has been sufficient to attract my attention. It is not necessary that the cough should be paroxysmal; indeed, the characteristic cough in the incipient stage is free from spasm, being simply an effort to relieve a slight though persistent bronchial irritation. Expectoration is rarely an accompaniment of cough until the lung or bronchial tissue begins to break down. It may therefore show itself early or late, de-

pending upon the condition of the respiratory organs and the extent of the process.

**Emaciation** is another symptom, which taken in connection with those already mentioned, is of much importance. The decrease in weight is more or less gradual, and a constant phenomenon of a progressive tubercular process in the lung.

Gastro-intestinal symptoms are early in evidence, the most significant being flatulence and pyrosis, slight nausea, particularly in the morning, anorexia and fickleness of the appetite, and occasional attacks of diarrhea.

Hemoptysis is a symptom which may carry the utmost weight, but it has been by no means of common occurrence in the incipient stages of cases in my practice. Real hemorrhage from the lungs has occurred during the early stages of only 28 per cent. of 142 cases that I have been able to collect reliable data from. Blood streaked sputum is common, however, and of considerable significance.

It is not necessary to consider the further symptoms of tubercular phthisis, for though they are diverse and varied, the picture of the average tubercular patient is a very familiar one. Every practitioner is being constantly called upon to wrestle with the anemia, night sweats, hector, debility and prostration, shortness of breath, sinking spells, and alternating constipation and diarrhæa of the average case.

Of the physical signs I shall also say little for they too are well known. A prolonged expiratory murmur on auscultation and slight percussion dullness at either or both apices just over or above the clavicles, with increase of fremitus, are the earliest and most important of the physical symptoms of incipient phthisis. Fine crackling rales at either apex are very significant. Pronounced sinking of the supraclavicular space is also important in strengthening suspicions of beginning pulmonary tuberculosis.

Strong claims are made for the assistance which the X ray apparatus gives in making an early diagnosis. There is little doubt that experts are able to obtain excellent results by these means. Accurate work with the X ray apparatus, however, requires long experience and constant application, and for some time at least, neither the apparatus nor the requisite skill will be at the command of the general practitioner.

The early diagnosis, of pulmonary tuberculosis is far easier to-day than it was only a few years ago. Improved clinical training in physical diagnosis, with the incalculable aid of the microscope, has given the average practitioner far greater facility and accuracy in earlier detecting the onset of pulmonary tuberculosis. But even yet definite diagnosis of a beginning tubercular process is much longer delayed than is justifiable by our advanced methods and knowledge of significant symptoms.

Careful attention to the temperature range over a proper period, the character and frequency of the pulse, the cough, and the changes in bodily weight however slight, a prolonged expiratory murmur and apical rales on physical examination, and last, but by all means the most important, the results obtained from repeated examinations of the sputum over a period of one or two months, will almost invariably enable us to make a positive diagnosis in 90 per cent. of all incipient cases.

The prognosis of tubercular phthisis, both in individual cases and in the community, is far brighter than it has ever been before. The mortality rate shows marked decline during the past decade, some figures I have taken at random from a Maine Registration Report for 1898 showing, that from 1892 to 1898 the number of deaths from tubercular phthisis in Maine had dropped successively in each year from 1352 to 1021, or a decline in the death rate per 10,000 from 20.45 to 15.44. Biggs of New York is authority for the statement that there has been a reduction in the mortality of tuberculous

diseases in New York city since 1886 of more than 35 per cent!

The decrease in the death rate of tubercular phthisis is directly due to the enlightenment of the masses to the infectivity of the disease, and consequent improvement in sanitation and the methods of decreasing the spread of tubercular material.

The better realization of the causal relation of unhygienic living is having its good effects, and the result is less crowding in tenement districts, better ventilation in living and sleeping rooms, more careful selection of food stuffs liable to carry infective material, and more outdoor recreation among the middle and poorer classes.

Until the last few years **treatment** can receive little credit for the decrease of the death rate. The evolvement of the sanatorium idea has been of some service, but this can be said to be practically the only form of treatment which has given anywhere near uniform results.

Cod liver oil and creosote, the erstwhile routine treatment for all forms of tuberculosis, has proven disappointing, and tubercular antitoxin, with its alluring theory, has thus far given few results of practical value.

Each specific form of treatment with its enthusiastic advocates, has been weighed in the balance of clinical experience, and, alas, found wanting. The best men of the medical profession have been baffled time and again and it not surprising that pulmonary tuberculosis has been commonly considered an incurable malady.

But the modification of our views by a clearer understanding of the contributing factors in the etiology of the disease, has established certain well-defined principles that henceforth must form the basis of all successful treatment of tubercular phthisis. These measures according to the object sought are divided into prophylactic and curative.

Prophylactic or preventive measures serviceable for personal protection of the individual against tuberculosis, consist in developing those forces which increase vital resistance and avoiding those which lower it. The maintenance of a proper state of nutrition, or in other words, an equilibrium between bodily waste and repair, is of paramount importance. Those factors which are intimately concerned in maintaining a nutritional balance are ample quantities of good food, proper digestion, an adequate lung capacity and sufficient exercise in the open air. Worry and needless anxiety should be avoided as much as possible, and mental as well as physical recreation recognized as frequently necessary. Daily sponge bathing with cool water and a brisk rubbing afterward is a most excellent tonic and stimulant to the whole system.

Regularity in eating, sleeping and personal hygiene should be the strict regime of those who have the slightest predisposition to tuberculosis. Catarrhal conditions should be recognized as a phase of malnutrition, local as well as general, and because of greater significance should receive particular attention in children. Adenoids and any obstruction to proper breathing should be early removed. Enlarged or chronically inflamed tonsils denote some dyscrasia, and are always a favorite point of entrance for tubercle bacilli. Their complete removal, is, therefore, a valuable prophylactic procedure in adults as well as in children.

Preventive measures of general service are, first and fore-most, thorough destruction of tubercular sputum by burning. Sputa should never be allowed to dry as its infectious character is slight until it becomes dust. The habit of promiscuous spitting should be discouraged as much as possible, and considered just as immodest and incompatible with cleanliness as promiscuous defecation or urination. Spittoons, spit-cups and the like are filthy, disgusting things and only a half way means of preventing the spread of infective material. Noth-

ing approaches the value or cleanliness of paper napkins, or cheap, cotton cloth for receiving the expectoration of consumptives. These can be burned at frequent intervals before the sputum has had time to dry, and thus the principal source of danger removed before it becomes harmful. The mouth should be covered during coughing for evident reasons, and a simple antiseptic mouth wash used every hour or so. Tubercular patients should also wash their hands thoroughly before touching anything liable to become contaminated. Food stuffs liable to contain infective material or to have come from the deceased animals should be carefully avoided.

The subject of compulsory notification of cases of pulmonary tuberculosis has of late received much attention from the laity and the medical profession. The matter has much in its favor and very little except foolish sentiment against it. The idea is neither to quarantine nor ostracize tubercular patients, nor yet to make their cases public, but to give the health authorities information of infective centres, and thus enable them to directly promulgate well established information concerning sanitary and hygienic precautions serviceable in preventing the spread of tubercular material. Misguided opposition sooner or later will be overcome, and all classes will then recognize the necessity of treating these matters of public medicine with intelligence instead of ignorant prejudice.

The curative treatment of tuberculosis is not the elusive phantom to-day that it was ten years ago. Certain well defined principles, have been crystallized from the mass of evidence submitted to the world in regard to treatment, and from these principles the medical profession are gradually, but none the less surely, building up an effective method of treating, not tuberculosis, but tubercular patients. Latter day studies and investigations are slowly but none the less surely fostering the belief that tubercle bacilli, even when pathogenic, are seldom fatally so except in the presence of other factors like

special individual susceptibility, or the additional destructive tendencies of those other pathogenic organisms which constitute the so-called "mixed infection." Therapeutic measures, therefore, are being administered with greater consideration to those other factors and the results seem to be correspondingly better.

The sanatorium treatment has thus far made the best showing in definite results. Closer approach to therapeutic ideas of rest, outdoor living, good food, wise medical attention, and above all, proper discipline, has been possible in every well managed sanatorium, and the results have accordingly given a greater percentage of recoveries and improvement.

But it should not be held that the sanatorium is a *sine qua* non of the effective treatment of pulmonary tuberculosis. To those patients whose social, educational and financial state will not admit of proper home treatment, a sanatorium is a necessity, and for such cases the State or private charity should make provision. But for the patient who has perhaps only moderate financial circumstances, but a liberal fund of intelligence and discretion, the home treatment can be made just as valuable and efficient, without the mental depression caused by being separated from one's kindred or being obliged to limit one's social circle to a community of consumptives. To say the least, such isolation and associations may be dispiriting, and though the average case does well, there is not one but would prefer home life if the same results could be obtained.

And I firmly believe that the development of home treatment will in time give just as good results for certain classes of patients as the sanatorium, particularly when the people awake to the fact that eternal discretion as well as strenuous effort is the price of recovery from tuberculosis, wherever they are placed.

The requisites of successful home treatment are identical with those valuable at the sanatorium; abundance of pure fresh air, absolute rest, ample, almost excessive amounts of good food, and wise systematic medical treatment.

In regard to fresh air, too great stress cannot be laid on **outdoor living.** Every patient afflicted with phthisis should spend at least ten hours a day in the open air. Purity of the atmosphere is the one great requisite of any climate suitable for tubercular cases, and since an excessively humid atmosphere is never a pure one, we should choose location with a view of obtaining a minimum amount of humidity. Temperature, if not liable to sudden and extreme changes, is not a factor, but sunshine is, because of its purifying effect on the air and stimulating influence on all vital functions.

A country residence is more suitable for tubercular patients than one in the city, from purer conditions of the atmosphere. In the country it is a simple matter, and entails little expense, to have a protected veranda built with two sides completely open. Here the tubercular patient should live day in and day out, and even sleep when the weather will permit. If conditions are not favorable for sleeping outdoors, the consumptive patient should spend his nights in a high, spacious room, occupied only by himself, and with one window always wide open. Plenty of clothes will keep him warm, he will sleep better, perspire less, and there will not be the slightest danger of "catching cold."

Perfect rest should be strictly enjoined, as the tubercular patient requires every bit of force and strength he can muster to overcome the wasting tendencies of his disease. Physical exercise puts an extra tax on his vitality, an extravagance he can ill afford, and is invariably followed by aggravation of the symptoms and extension of the disease. One of the principle aims of a consumptive should be, therefore, a wise economy of force as long as a single symptom of an acute process remains.

(To be continued.)

# The Eighty-Eighth Annual Meeting of the Vermont State Medical Society.

The Eighty-eighth Annual Meeting of the Vermont State Medical Society convened in the Supreme Court Room at the State House, in Montpelier, on Thursday morning, October 10th, with Dr. W. D. Huntington of Rochester in the chair. The attendance was small at the opening session but by evening there were a fair number present. In some respects this was one of the most important meetings of the society ever held, as the question of re-organization came up at this time.

The papers presented for discussion were fully up to the average of former years, some of them being of exceptional value. At the opening session fitting tributes to the memory of Drs. Hazelton, Linsley, Hawley and Hinman were presented. Papers were presented in the afternoon by the Vice-President, Dr. E. M. Brown of Sheldon, on "Infantile Mortality;" by Dr. C. W. Milliken of Post Mills, on "Posterior Prudendal Hernia;" by Dr. Henry Janes of Waterbury, on "Gunshot Wounds of the Abdomen," and by Dr. A. J. Willard of Burlington, on "The Influence of La Grippe on the Nervous System." These were all able papers and were well discussed.

In the evening Dr. F. H. Wiggin of New York City, secretary and delegate from the New York Medical Association, and Dr. S. H. Weeks of Portland, were presented to the society.

The President's address, by Dr. Huntington, was an able paper on what medical men had done in the past, what they were doing at present and what they should do in the future in the betterment of human life.

The report of the Committee on Re-organization was then presented, which was accepted. A full and free discussion of the subject then took place. Dr. Wiggin of New York, gave

an interesting account of the re-organization of the New York Association. It appeared to be the consensus of opinion, of the members present, that the time had arrived when the society should be re-organized, and a committee was appointed to make such changes in the Constitution and By-Laws as were needed to conform with the recommendations of the Re-organization Committee. Drs. Hamilton, Peck and Scofield were appointed such committee, who reported on the same Friday morning. Their report was accepted and the By-Laws adopted as recommended. These changes follow out the recommendations of the American Medical Association, i. e. have each State divided up into districts, by county lines where possible, when not advisable, by taking parts of different counties and forming a society in each district or county. A person becoming a member of a local society will, by such action, become a member of the State Society. The business of the society is to be done through a House of Delegates from delegates elected from the county societies; one delegate from each ten mem-By this means it is hoped that every reputable regular physician in the State will become a member of our society. A committee on re-organization was appointed consisting of Drs. Hawley, Harrington and Haselton, and a sum of \$100 was appropriated for their use.

Dr. Weeks gave a very interesting and instructive paper on "Gall Stones as a Surgical Affection." Dr. Wiggin spoke on "The Preparation of Patients before and their Treatment after Laparotomy," which was of practical value to those who treat those cases.

Typhoid Fever, Etiology, Pathology, Clinical History, Diagnosis, Complications and Treatment, were fully presented by Drs. Hamilton, Sherwin, Avery, Brewster, Burnett and Jenne. Dr. Newton presented a paper on a case of "Dislocation of Hips during Labor."

The following officers were elected:

President—J. B. Wheeler.

Vice-President-M. F. McGuire.

Secretary—George H. Gorham.

Treasurer—J. W. Avery.

Auditor-H. R. Watkins.

Censors—Drs. Janes , Hammond and Vincent.

Voted to meet in Burlington for the session of 1902.

Thursday evening the annual banquet took place at the Pavilion Hotel, Dr. C. S. Caverly, anniversary chairman, which was a very enjoyable occasion to all.

GEO. H. GORHAM, M. D., Secretary.

Pulmonary Edema.—O'Donovan finds that atropia is a remedy that rapidly contracts the vessels, powerfully stimulates the sympathetic system, increases the force of the heart's beat, raises arterial tension, stimulates the respiratory centers, and dries us the secretions of the skin and mucous membrane. Its physiologic action can be easily gauged by watching the amount of dilatation of the pupil. It is well to supplement it with some drug that acts promptly and surely as a direct stimulant to the heart, strychnia preferably. In cases of acute pulmonary edema he has seen relief from the hypodermic injection of one one-hundredth of a grain of atropia with one-fiftieth of a grain of strychnin sulphate so immediate and complete that it seemed like magic. The pulse should be watched to see that the effect is not merely transitory. Time should not be wasted on remedies given through the stomach, but the hypodermic should be used at once.—Med. Record.





Dr. George H. Gorham.

#### Dr. Geo. H. Gorham.

Dr. George H. Gorham, the new Secretary of the Vermont State Medical Society, is a resident of Bellows Falls. He was born in Westminster West, Vt., October 9th, 1857, and obtained his early education in the public schools of his native town and at Vermont Academy, Saxton's River.

In 1879 he commenced the study of medicine in the office of Dr. Webster, a prominent practitioner of Putney, Vt., and in '80 and '81 attended the regular sessions of the University of Vermont Medical Department at Burlington. One year later he graduated as Doctor of Medicine from the University of New York. Immediately following his graduation he was appointed interne in a New York Hospital for one year. At the completion of his term of service he commenced the practice of his profession in New York City, remaining there until 1887, when he located in Alstead, N. H.

In 1890 especial interest in diseases of the eye and ear led him to devote himself to their particular study. To better prepare himself for this special work the next two years were spent in the hospitals of New York, London, Berlin and Vienna. In 1892 he returned to the United States and located in Bellows Falls, Vt., where he has remained ever since, building up an excellent practice in his chosen specialty.

Dr. Gorham is a member of numerous societies and has been honored with the Presidency of the Connecticut River Valley Medical Society and the Vice-Presidency of the State Medical Society. His election as Secretary of the Vermont State Medical Society, a position which has been so ably filled by Dr. D. C. Hawley for fifteen years, is a high testimonial to the esteem and confidence in which he is held by his colleagues. His many friends know that he will strive faithfully to meet the standard set by his predecessor and a knowledge of his personal and professional attributes leads them to believe that he will be found wanting in no particular.

Doctor, success to you!

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#### EDITORIAL.

#### Vaccination and Tetanus.

It is a decidedly unfortunate coincidence that the general vaccination made necessary throughout the country by the prevalence of small pox, should have been followed in some instances by tetanus. In Camden, N. J., quite a number of cases have occurred, and in several other cities occasional instances of lock jaw following vaccination have been reported. In our own city, Burlington, two deaths from tetanus have taken place after vaccination, and their cause is popularly ascribed to the vaccine virus used.

The occurrence of these cases cannot be too greatly deplored. The effect on the laity is profound and the great benefits from vaccination are sure to be lost sight of in this new and terrible danger. It will take years to dispel the illusion that vaccine virus is liable to cause lock jaw.

Now who is to blame?

No sensible medical man would point to the virus. In every instance where tetanus has developed after vaccination a period has intervened that precludes the possibility of the tetanus bacillus having been introduced with the vaccine virus! Then, again, if the virus was at fault the occurrence of lock jaw would not be limited to a few sporadic cases, as it has been, but would be general and widespread since thousands have been vaccinated with the same virus.

To call a spade a spade, the whole unfortunate affair is due to the medical profession. Not to isolated members of the profession, nor those whose cases have contracted tetanus, but the whole rank and file. To tell things just as they are, all but a few of the medical profession have been culpably blind to the fact that vaccination is a surgical operation, and as such should be accorded the care and attention that any surgical operation requires. To vaccinate an arm that is not surgically clean, and after vaccination to fail to suitably protect the wound from external contamination, is nothing more nor less than criminal negligence and as such in the light of our latter day knowledge, it cannot be too highly censured. does not require a high order of intelligence to understand that the vaccination wound, with its inflammatory reaction and marked lymphatic involvement, is a most favorable point for the systemic entrance of any infective agent, and failure to fortify a patient against such entrance by appropriate dressings, and to warn him of the consequences of uncleanliness, is a neglect of duty to our patient, ourselves and the calling we profess to follow.

There is no adequate excuse for such neglect of duty. The plea that patients are not willing to pay for proper vaccination is ridiculous. If they will not pay our price for our kind of work, there is no excuse for giving them inferior work at an inferior price! This is prostitution of our calling with

a vengeance, and a physician who regulates his methods of vaccination by the price his patient is willing to pay, is a scoundrel unworthy of scientific recognition. There is but one standard—the best, and a proper price should be set by the man who is doing the work. He should have moral stamina and value himself and his work high enough to stand by that price or refuse to vaccinate. The people then will have twice the confidence in him and respect him far more than his weak vicillating colleague who admits that he is doing inferior work, but lays it to the price the people are willing to pay! If this latter is not professional depravity, we never have seen it, but it is what actually took place in several instances in Burlington, and probably all over the country.

The readiness with which physicians were found to accept the dictum of Burlington's aldermanic board and vaccinate at 25 cents per head, is not an edifying spectacle, and the only wonder is that more cases of lock jaw failed to occur. As it is, the large number of seriously sore arms which the 25 centers have bequeathed to the physicians who would not vaccinate for that amount, is a fair argument for better work at better prices.

# Medical Abstracts.

A Contribution to Our Knowledge on Antipyretics .-Dr. Warner of New York, says in the Medical Council:-We are not far enough advanced in physiology to know what might be the effects resulting from the contact and mingling of the elements of some chemical compound with the physiological elements, cells or structures of the living diseased organism. We know that certain drugs will allay pain, but at what vital cost such alleviation is procured, we are at a loss to explain, although we resort to chemistry, pathology, microscopy to aid our findings in clinical and physical examinations. refers especially to the various coal-tar products, some of which become of daily need to the busy practitioner. Is it sufficient to know the physiological and therapeutic action of these products, in order to obtain results from their use, or should we study the probable loss of vitality they may produce, or to what extent they may reduce the respiratory or circulatory No; a full understanding of the absolute present needs and the future possibilities is required, and this includes microscopical and chemical examination of the eliminations. subsequent and strict attention to diet, hydrotherapeutic means and good nursing. Thus armed we are able to select our antipyretic on scientifically correct lines, taking care to choose a remedy which is directed against the thermogenic tissues, thermogenic nerves and centres. The term thermogenic tissues, if taken in a broad sense, covers almost every tissue in the body, but I limit its interpretation as referring to the most active heat producers, the skeletal muscles and glands. general thermogenic centres are in the spinal cord and brain, which is demonstrated by the fact that excitation of any one of the organs is followed by a pronounced thermogenesis. But

we must not be led to believe that the increase of temperature alone is sufficient evidence of thermogenic disturbance. sufficient diet tends to lower temperature while a liberal diet, especially of carbo hydrates, increases the temperature. conditions which increase metabolic activity are favorable to an increase of temperature, while rest brings about a reduction Temperature per rectum reduces the first of temperature. half hour after food is taken, to increase the next 60 to 90 Furthermore the temperature taken at different parts of the body differs; the usual observations of temperature taken in the mouth, rectum, vagina or in the axilla would give us different results in the same case. Kunkel (Zeitschrift fur Biology, 1889, vol. 25, page 69-73) states that his researches have proven that the highest temperature of external parts is obtained in the hollow of the hand (closed) ranging 34.8 degrees, 35.1 degrees centigrade, and Bernard finds that the liver is the warmest organ in the body. The mean temperature of the body is subjected to variations which depend upon sex, age, constitution, time of day and season, baths, diet, climate, blood supply, disease, drugs, etc. A close relationship exists between the frequency of the heart's beat and body temperature, especially in fever. An increase in temperature will increase the pulse rate, but more important than the latter is the effect produced by the amount of blood supplied to any given part of the body. A larger supply of blood to the cutaneous surface increases cutaneous temperature and decreases internal temperature, and vice versa. It would require pages to enumerate the various points which may cause changes in temperature—produce thermogenesis or thermoly-Sufficient has been said to demonstrate that the blood is the foremost factor in all cases where thermogenesis has appeared; furthermore pathology has sufficiently advanced to demonstrate by blood examination that destructive histological changes occur in the blood cells, and subsequent chemical

analysis of the faeces and urine reveals excessive phosphatic elimination.

It appears to me as irrational to administer drugs in quantative doses in cases of similar history and clinical findings; as, for instance, quinine is given to the adult in doses of from 5-20 grains, to the child in doses of ½ grain, while a thorough study not alone on clinical and physical lines might reveal the fact that the larger doses would be appropriate for the child. The value of danger of synthetic remedies can be foreseen if we view them from a chemical-medical standpoint, while the relation of all coal-tar antipyretics should be observed from a chemico-physiological and therapeutic standpoint. Their physiological action is aimed to retain the antipyretic effect of carbolic acid minus its caustic and poisoning properties. Carbolic acid diminishes thermogenesis and increases thermolysis. It reduces the number of red blood corpuscles, but has no effect on the amount of hemoglobin. Most antipyretics are decomposed in the body, and the product of decomposition acts on the hemoglobin of the blood to form methemoglobin, while others lessen heat production by an influence on the nervous system, the blood pressure remains unaltered and their decomposition products do not affect the hemoglobin. When selecting our antipyretics we must consider the hypnotic and analgesic properties they contain. Most antipyretics, sedatives and analgesics exert their effect through the general circulation, and many paralyze the central nervous system and are slowly absorbed in the stomach. Physicians often disagree in a given case on any one plan of treatment, when there is no dispute, not even a doubt as to the diagnosis, for, after all is said and done, the former is largely empirical. Is it right to employ any antipyretic because we know some therapeutic merit has been attributed to every one of them? or shall we stop and consider that Acetanilid, Antipyrine, etc., are not without their dangers and disadvantages, knowing them to be heart depressants? It may be taken as a rule that the powers, limitations and dangers of most antipyretics are not yet understood. We have often heard of cases of Acetanilid poisoning, of Antipyrene poisoning, and it is of interest to know the full physio-clinical data of such cases, and if death follows to learn of the results following autopsy. An interesting case is described by Kronig (Berliner Klinische Wochenschrift, November 18, 1895). These antipyretics invariably cause an excessive elimination of phosphates in the urine, and I have observed a large number of cases where the examination of the blood before and after medication showed decided histological changes. By merest chance, I came to use Pheno-Bromate, and it proved so signally successful in that one instance that I availed myself of all subsequent opportunities to give this antipyretic a further and more extended trial. I do not believe that the inherent value of a drug is demonstrated until its therapeutic action and physiological effect has been fully exploited.

Pheno-Bromate does not depress the heart; on the contrary, it exerts a stimulating influence on this organ. It possesses no toxic properties, and does not disorganize the blood causing anemia and its use is not followed by the elimination of phosphates in the feces and urine which is the case with most Pheno-Bromate is a true thermotaxic, and it antipyretics. acts by restoring the normal heat-regulating powers of the nervous system. Its analgesic and hypnotic effects are decidedly more pronounced than those produced by most other antipyretics, and it has also valuable antispasmodic action. In painful muscular spasm after fractures of the thigh, it proves more sedative than the opiates and no depression or ill The administration of Pheno-Bromate effects are noted. adds materially to the comfort of the patient, and does not interfere with any healing process. Continuous fever deteriorates tissue and exhausts the brain (hence increased thermo-

genesis), and it also interferes seriously with nutrition. antipyretics are only resorted to when some excess of thermogenesis exists, it is rational to reason that some gastric disturbances are present, and consequently the blood picture will reveal a digestive leucocytosis or a leucocytosis influenced by medication. Hence I assert in the introductory lines: A full understanding of the absolute present needs and the future possibilities is required, and this includes strict attention to diet, hydrotherapeutics, nursing and the eliminations before the selection of an antipyretic is decided upon. Antipyretics are always relied upon for the treatment of migraine, which is rarely a disease in itself, but is rather a symptom accompanying some other affection. At times it is an hereditary disposition. It is almost always associated with nutritive disturbances, and many features of migraine indicate gastro-intestinal disturbances, and whenever these are found, we also find the resorptive processes impaired, and it is my belief that many a therapeutic agent has been condemned as inefficacious after one or more trials, while such bad results were entirely due to the fact that the dosis had not been sufficiently increased to permit a certain amount (physiological dosis) of the drug to be absorbed. Discreet diet, evacuation of the bowels and continued doses of Pheno-Bromate until the physiological action of this drug is demonstrated, are required to realize the therapeutic value of this valuable non-toxic antipyretic. I have examined the blood and urine in not less than fifty cases, where Pheno-Bromate was the only medication employed, and I have always noted the stimulating and subsequent sedative effect after ten to fifteen grains of this efficacious antipyretic. This product is a happy synthesis founded on rational therapeutic principles.

# BOOK REVIEWS.

Osler—The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M. D., Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal, and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Fourth Edition, thoroughly Revised, Rewritten, Reset, Enlarged and brought up to date in all departmets. Cloth, \$5.50; sheep, \$6.50; half morocco, \$7.

If a canvass was to be made throughout the length and breadth of our land for the purpose of determining the most popular medical work, there is no doubt but what Osler's Practice would carry off the palm. Such popularity only indicates its worth, and so universal a verdict cannot be disputed. Osler's Practice has always been a leader and this fourth edition is better than all its predecessors.

Many important changes have been made in this edition. The article on Typhoid Fever has been in great part rewritten. The subject of malaria has also been remodeled and much new matter added. The subjects of Dysentery, Yellow Fever, and the Plague have been rewritten and brought strictly up to date. Many new paragraphs appear on the important disease, Pneumonia. The new or partly new articles appearing in this issue are those on Acute Tuberculosis, Diseases of the Pancreas, Splenic Anæmia, Arsenical Poisoning, Herpes Zoster, Adiposis Dolorosa, Fibrinous Bronchitis, Albumosuria, Oxaluria, Meniere's Disease, Aphonia, Combined Sclerosis of the Cord, Myrosthenia Gravis, Congenital Aneurism, Surgical Treatment of Aneurism and Scurvy. No recommendation of ours can do justice to this great book. Hardly an article or con-

tribution to medical literature appears nowadays without some reference to "Osler," and in Europe it is just the same. No physician can afford to be without it, no library is complete unless it has it. Long live the author and his work.

Butler.—The Diagnostics of Internal Medicine. A Clinical Treatise upon the Recognized Principles of Medical Diagnosis, Prepared for the Use of Students and Practitioners of Medicine. By Glentworth Reeve Butler, A. M., M. D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician to the Brooklyn Hospital; Consulting Physician to the Bushwick Central Hospital; formerly Associate Physician, Departments of Diseases of the Chest and Diseases of Children, St. Mary's Hospital, Brooklyn; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of Kings, etc. 8vo. Prices: Cloth, \$6; sheep, \$7.

Every now and then some new book is published, and after we have read it and used it awhile, we actually wonder how we ever got along without it. It is just so with this book by Butler. Few books published within the last quarter century are so noteworthy and as its true value is more fully recognized, it will be equalled by no other work on diagnosis in the esteem of the medical profession. The book is divided into two parts, the first division being devoted to a study of symptoms and what they indicate and the second division to a study of diseases and their characteristics. From cover to cover it is eminently practical, and the aid which its constant use will give to the scientific diagnosis of disease is incalculable. The absence of superfluity makes the book especially worthy of commendation and the splendid index enhances its usefulness to a marked extent. The many illustrations are happily chosen and finely executed. The typography and binding cannot be surpassed.

The book is one of the notable publications of the year and we predict a success that will justify the high regard that it has already won. It represents an enormous amount of work and the author deserves the sincere gratitude of the medical profession for the ability, zeal and scientific enthusiasm that made such a book possible.

The Physician's Pocket Account Book.—Consisting of a manila-bound book of 208 pages and a leather case. By J. J. Taylor, M. D. Philadelphia: Published by the Medical Council, Twelfth and Walnut Streets. [Price, \$1.00, complete; subsequent books to fill the case, 40 cents each, or three for \$1.00.]

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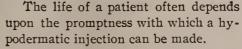
With the aid of this book a thoroughly systematic account of all his business can be kept by the physician and everything is so simple that he does not feel the burden of keeping track of his business and finances. The book is one of the best that we have seen.

D. S. Maddox, M. D., United States Examining Surgeon, Coroner Marion Co., Ohio, says: (Med. Brief.) \* \* \*For the control of pain opium is and always has been the sheet anchor. But opium, pure and simple has many disadvantages which render its use in some cases positively harmful. Opium is one

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Vol. VII.

December 25, 1901.

No. 12.

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Free Press Print, Burlington, Vt.

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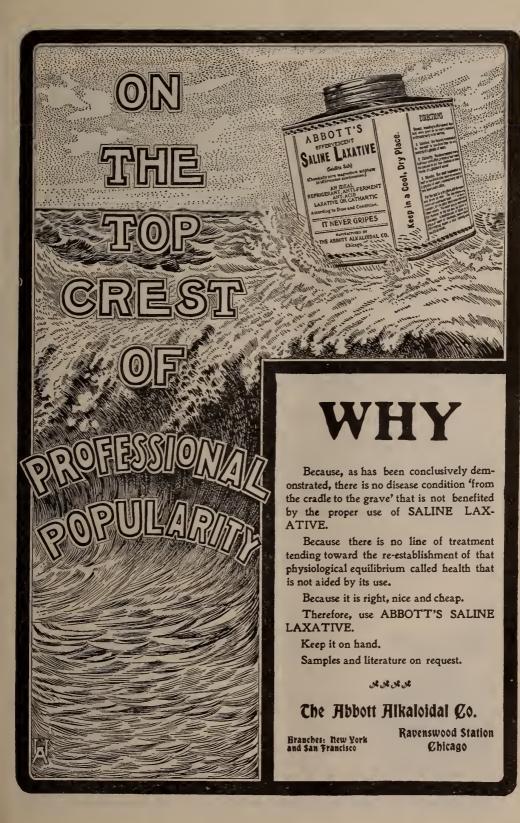
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# The Vermont Medical Monthly

A Journal of Review, Reform and Progress in the Medical Sciences.

Official Organ of the Vermont State Medical Society and Thurber Medical Association.

Vol. VII.

DECEMBER 25, 1901.

No. 12

### Pulmonary Tuberculosis--A Brief Consideration of Its Etiology, Symptomatology, Diagnosis, and Treatment.\*

By H. Edwin Lewis, M. D., Burlington, Vt.

(Continued from last issue.)

Next to outdoor living and rest, feeding is the most important part of treatment. The proteids should form the bulk of a proper diet for tubercular patients, and not the fats as was formerly supposed. Bread, eggs, rare beefsteak, with milk, koumyss, fresh cheese and the like are the staple articles of such a diet.

I lay great stress on the value of raw eggs to my patients and encourage them to take as many as they can during the day. If proper suggestion and argument is used, the average patient, though offering objection at first, will soon be able to take and assimilate from 10 to 20 eggs a day. Each patient may take them as he sees fit, beaten up with milk, with sherry wine, or best of all, just as one would swallow an oyster, with salt, pepper and a little lemon juice. I have never yet seen a patient who did not prefer eggs, even in this seemingly unpalatable form, to tablespoonful doses of cod liver oil.

<sup>\*</sup> Reprinted from the Medical Mirror.

A soup prepared from pure bone marrow and suitably flavored with vegetables is a most excellent form of nutriment taken with at least two of the principal meals each day. Bone marrow gives a maximum amount of nourishment for bulk and weight, and made into soup is in addition, a valuable stimulant to digestion. I have also been in the habit of having the patient prepare a homemade extract or wine of bone marrow to be taken in liberal quantities with or between meals. The method I have found of service is as follows:

To one-half pound of red bone marrow add 12 ounces of glycerine; heat gradually over a slow fire. When the marrow is thoroughly melted and mixed with the glycerine, add one and one-half drams of hydrochloric acid; let it stand over gentle heat for 4 to 6 hours. Then cool, and when the fat is entirely removed by filtering through cotton, mix with 1 pint of sherry wine.

This should make about 32 ounces of wine colored liquid of syrupy consistence and pleasant acid taste. If nothing else, this is a valuable liquid food, and I have found it of marked service in improving the digestion and general condition of my tubercular patients. It is cheap as well as efficient, and easily within the reach of the poorest patient. It is certainly a valuable and pleasant way of getting a patient to take an increased amount of nourishment, and that it stimulates digestion and promotes assimilation I have demonstrated time and time again to my own satisfaction.

The variety of drugs recommended for pulmonary tuberculosis tells eloquently how disappointing the medical treatment of the disease has been. Of all the drugs that have been found of some value strychnine easily stands at the head. The dosage should be larger than commonly administered, and to admit of this it can well be given in increasing doses. Following is my prescription:

> Rx. Strychnine Sulphate gr. iss Aquæ ounce i

Sig: Begin with 5 drops in water 3 times a day, and increase a drop each day until a dose of 32 drops 3 times a day is being taken.

When the maximum dose is reached, which is equivalent to one-tenth gr. 3 times a day, the patient is advised to go back to the initial dose and increase again.

With very rare exceptions this manner of administering strychnine is followed by improvement in the cough, pulse rate, appetite, digestion, and in fact the whole condition. The patient sleeps better, and the exhausting night sweats are stopped or greatly reduced.

Next to strychnine, arsenic is the most potent drug which we possess for improving the condition of the tubercular patient. Its well known tonic effect and stimulating influence on the function of nutrition makes it a very valuable remedy in all forms of tuberculosis. Fowler's solution is an excellent form for administration, but a maximum dose is not needed, 3 to 5 minims 3 times a day giving just as good an effect as larger quantities. Recently I have been using Cacodylate of Soda with very gratifying results. The dose is ½ to I grain 3 times a day. A peculiar garlic like odor is given to the breath, but otherwise the drug is free from disagreeable influence.

Sodium Cinnamate and cinnamic acid have proven worthless in my hands.

In a certain number of cases iron in readily assimilable form is followed by marked improvement, while in certain other cases it is more harmful than beneficial, so its administration must always be tentative.

In the majority of cases when a patient's nutrition begins to improve the cough will begin to lessen. But when in the beginning of treatment the cough is so severe as to really require some amelioration, guaiacol carbonate combined with codeine or heroin is very efficient:

Rx. Guaiacol Carbonatis dr. i

Heroin gr. ii

M. et ft. capsulas no xxiv

Sig: A capsule every 3 or 4 hours.

Creosote as commonly administered has no place in the therapy of tuberculosis. It is extremely liable to derange the digestion, and is, moreover, exceedingly disgusting to the sensitive taste and smell of the average patient. In small doses creosote may prevent fermentation and putrefactive changes in the digestive tract, but I have never seen its administration exert any lasting influence on a tubercular process.

Atropine, agaricin and picrotoxin are each efficient in relieving the night sweats of phthisis, but the average case is markedly improved by an alcohol bath and rub down at bed time. Flannel soaked in alcohol and laid over the chest is a simple, but effective means of relieving troublesome chest pains, as also is oil and turpentine, equal parts. Alcoholic stimulants are of little value internally except in emergency.

Inhalations do not have the vogue now-a-days that was accorded them in the past. In certain cases, however, they are of considerable value and certainly serviceable in allaying laryngeal irritation and cough. In cases of mixed infection with markedly purulent expectoration, antiseptic inhalations are useful adjuncts to general treatment. The best formula I have ever used is as follows:

Rx.	Tinct. Iodi Comp.	dr. iv
	Tinct. Tolutani	oz. ss
	Tinct Cinnamoni	dr. i
	Ac. Carbolici	dr. i
	Chloroform	dr. i
	Alcohol q s	ad oz. iv

Mx. Sig: Use in a bottle with large cork through which two glass tubes are run. Inhale by drawing through tube which does not reach way down to liquid.

In regard to the use of **Tuberculin**, I have only this to say, that I do not consider that it has a place in the therapy of pulmonary tuberculosis. I cannot question nor criticise the right of any physician to use it if he sees fit. But my experience with it, both for diagnosis and treatment, has amply satisfied

me that it is practically and logically unsafe,—in the majority of cases, to say the least.

What are the indices of recovery from tuberculosis? Gain in weight alone should not arouse too sanguine hopes, for though indicative of improvement and arrest of the tubercular process, it is too frequently temporary in character. Sudden and considerable increase in the bodily weight is by no means as favorable a sign, in my experience, as the slower and more gradual addition of flesh, say 1/2 to I pound a week. To give a proper prognosis and opinion concerning a patient's recovery, we must take into consideration, not one, but every phase of his condition. When his fever has subsided, his cough been lessened or stopped, his expectoration diminished and a slight gain made in weight, we are justified in considering a patient on the road to recovery. But a cure is a different thing. is no uncommon thing for a tubercular patient to show immediate and marked improvement under the institution of new treatment, or when new hope is especially aroused, but it is alas only too frequently a temporary stay of the pathologic sentence. We must, therefore, be very conservative in our estimation of a complete recovery from pulmonary tuberculosis and it is unwise to declare a patient cured until he has passed from six months to one whole year with no cough, no fever, no night sweats, no diminution in weight and no tubercle bacilli in his sputum.

The length of this article will preclude the reporting of cases, but as I have kept careful records of the cases of pulmonary tuberculosis that have been treated by me in my hospital, private and consultation work from December, 1897, up to December 1st, 1901, I take the liberty of submitting some statistics relative to the following classes of cases:

Number of paties	nts in advance	d stages when	coming under
			63
Number of paties	nts in moderate	ely advanced st	ages32
Number of paties	nts in incipient	stages	

The number of advanced cases includes all that have ever consulted or been treated by me, whether they continued my treatment or not, but the number representing those in the moderately advanced and incipient stages includes only those cases that have actually been under my treatment from the time of coming under observation up to the present time. Those that have consulted me but have passed into the hands of other physicians or drifted out of my sight are entirely excluded. All but seven of these cases have had tubercle bacilli in their sputum but as these seven have all died from unmistakable tuberculosis the fact that tubercle bacilli were not found will not modify these statistics. Not a single cure enters into these estimates that is not of at least six months standing.

#### RESULTS.

#### Advanced Cases:

Percentage well Dec. 1st, 1901...... oo per cen.t Percentage improved Dec. 1st, 1901... 3.17 per cent. Percentage dead or failing Dec. 1st, 1901 96.82 per cent.

### Moderate Cases:

Percentage well Dec. 1st, 1901...... 9.37 per cent.
Percentage improved Dec. 1st, 1901... 18.75 per cent.
Percentage dead or failing Dec. 1st, 1901 71.87 per cent.
Incipient Cases:

I realize that there may be some question as to the propriety of presenting statistics of my personal work. It seems to me to be a much more adequate and scientific way of demonstrating what any line of treatment is accomplishing, than the usual custom of reporting a few selected cases, without any mention whatsoever of the failures. Surgeons do not hesitate to present figures showing the results of their operative work and no one questions their right. In my opinion the medical practitioner who is studying or considering a special disease should be accorded the same privilege and on this basis I have had the assurance to submit the above figures.

There is nothing extraordinary about them for the number is small and the results are not so good as many other practitioners of larger experience or better climatic surroundings are obtaining. Neither are they as good as Ihopeto obtain in the future. I do claim, though, that they are better than they would have been had I not given my patients far better attention than the average practitioner usually gives to his tubercular patient. I do not attribute the fact that I have been able to help a few tubercular patients back to health and a productive existence to any especial skill on my part. Instead, the few good results that I have obtained are due solely to making each case an individual one and adapting treatment and advice to the particular needs of that particular person. If my humble statistics will simply demonstrate that tuberculosis is by no means incurable, when treatment can be inaugurated early, I shall feel that the thought and labor that I have given to the study of this terrible disease is amply repaid.

The following statement has been attributed to Osler:—
"Write in large letters—the cure of pulmonary tuberculosis depends wholly on the stomach." While admitting the importance of the stomach and its condition in the prognosis of tubercular phthisis, I would go a step farther and say, that the cure of tuberculosis depends entirely on the absorption and assimilation of nutritive material. If the metabolic processes which follow the ingestion of food are such that every tissue of the body is able to acquire an amount of nutriment and reconstructive material greater than the general waste incident to a tubercular process, the patient will live and get well—if not, he will die. The treatment, therefore, and the cure of the disease rests alone on this fact.

51 North Union Street.

### President's Annual Address.\*

By W. D. Huntington, M. D., Rochester.

During the sixteenth century we find professional men organizing for the advancement of their special study. A Leipsic physician wishing to imitate the English, published in 1662 an invitation to medical men to report all extraordinary cases that had occurred in their practice.

Surgery soon followed by an assembly of one hundred and thirty students, (thirty of whom had been surgeons in the army,) convened in Vienna under the instruction of two professors. From this time, both instructors and pupils increased until the several branches of our school were organized. Soon after, a splendid edifice was erected for the accommodation of patients for clinical study. To stimulate interest, prizes were offered to those who would return the best answers to questions propounded the previous year.

Empress Catherine II, having unusual zeal for the promoting and diffusing of knowledge, sent the most learned professors of the Imperial Academy of Sciences at St. Petersburg, to visit the various provinces of her vast dominions to procure knowledge respecting the different races of her people, their occupation, their habits, their religion and history with other information which would illustrate the condition of the Russian Empire in 1727, but we find very little progress made before eighteen hundred.

During the nineteenth century societies have arisen among all professions, trades and sciences, due, no doubt, to a realizing sense of the necessity of increased knowledge, broadening of ideas and a desire among all classes for a common ground upon which they can meet and compare results and collect facts

<sup>\*</sup> Delivered at the 88th Annual Meeting of the Vermont State Medical Society.

for advancing generations. So rapidly have these societies increased in number, that to-day there is not a branch of science or industry that does not have its organization for the disseminating of knowledge and thought along its special line of work. The tiller of the soil, the mechanic, the laborer, the lawyer, the clergyman and the physician all have their societies or associations for discussion of subjects that engage the minds of their most advanced students, that they may formulate wiser plans thereby creating greater uniformity of study and work.

The progress of medicine in Vermont from early in the nineteenth century, displays the same gradual and uninterrupted development as to-day. I have in my possession, handed down by ancestorial inheritance, a certificate given Dr. Daniel Huntington of Rochester, Vt., where he located in 1806. It reads as follows:

#### "State of Vermont

By the First Medical Society, As by Law Established, Daniel Huntington, having been approved by the Censors is admitted a member thereof and is entitled to every privilege and immunity thereunto belonging and with full confidence we recommend him to the public as a person well qualified for the practice of Physic and Surgery. Witness our President and Seal of the Society.

Rutland August 21st 1811. John Cleveland, Sect'y."

This was at least three years previous to the organization of this society. The Vermont Medical Society was organized July 7th, 1814, under an act passed during the session of 1813. The record of the first meeting is contained in the record book of the Washington County Medical Society. No further records are to be found until October 22d, 1852. From this time until June 20th, 1867, we have the records well kept and many interesting meetings were held. Again from June 20th, 1867, to October 12th, 1881, we are without the records. From

the transactions of our society held in Rutland, June 30th and July 1st, 1858, I quote the following: "The Medical Profession the Guardian of the Public Health. In our individual capacities we are expected to be ever foremost to perform often gratuitously, the most unselfish of Christian duties; to stand by the bedside of infection, heightened by the privation of poverty, without other fee or reward than the grateful thanks of the looker on, or the blessings of the dying man.

"As a society we have more extended, if not higher and nobler duties. Here we endeavor not merely to restore individuals, but with our combined energies, to protect whole communities from disease, to disarm pestilence of its powers, and to destroy the lurking seeds of decay and death.

"Here opens a vast and hitherto, almost uncultivated field, The Medical Profession the Guardian of the Public Health. It is a theme worthy of more gifted tongues, or of more influential pens, and of more commanding talents."

The thoughts so forcibly expressed were far in advance of their time. The unfolding of time has in part solved the theory advanced when preventative medicine was little considered. In the 88 years of our society's existence scholarly addresses on the history of medicine and surgery from the time of Hippocrates down to the present, have been delivered. You have been informed that we live in a period of advancement unprecedented in the progress of enlightenment, and while it is pleasing to know that the art of healing is awakening from its lethargy, and the thoughts and ideas of our forefathers no longer demand our acceptance. We are at this time confronted with many problems which should demand our attention and consideration.

The medical profession ought to be and is the acknowledged guardian of public health. That this opinion is concurred in by our legislators, is well established by the fact that our State Board of Health is always composed entirely of phy-

sicians. Dr. S. T. Brooks, at the evening session held October 13th, 1887, in delivering his address as President, urged the co-operation of the members of this society with the State Board of Health. This elicited a prolonged discussion, and I regret to say, some were of the opinion that the law at this time was ample. I am informed in many instances Health Officers were not well supported by the physicians, or the public in general; they have since learned that these laws and regulations were not handed down to us with the sanction of years, but were acquired by the fruits of study and their development and growth has been the one great factor in controlling and stamping out epidemic disease. The people of this State are to be congratulated that through the untiring energy of the State Board of Health, and the late Dr. J. H. Linsley, who was founder and first director of our Laboratory of Hygiene, they have secured such enactments as permit us to enjoy the liberal advantages for the "chemical and bacteriological examinations of water supplies, milk and food products, and the examination of cases and suspected cases of diphtheria, typhoid fever, tuberculosis, malarial and other infectious and contagious diseases." As a profession, we are much indebted to the State for these liberal facilities given to this branch of our work, and I know of no State which can outrank us. school of instruction for Health Officers has created an interest and enthusiasm which holds this institution far above the standard. I do not believe the people of this State, when they fully realize the work accomplished, will ever refuse to grant liberal appropriations for the maintenance of an institution that is so essential to the welfare of her people.

In considering the wide range of subjects that should demand our attention, there are none that impress me with its importance more than the enactment of such a law as will protect the people from charlatans and propriety medicines. The extensive use of patent medicines, which is encouraged by all

forms of advertising, is sold in quantities dangerous to public health, and ought to be restricted by such laws as will require manufacturers of patent medicines to print a formula which will correspond to the contents of the package, with a heavy fine for non-compliance. With such a law, no patent medicine could remain a secret, and under this provision there could be no objection to its use, unless it contained drugs in poisonous doses. This, no doubt, would rid the people of those worthless nostrums and create a use for those formulas that would sometimes be commended to the physician. I can not look upon this but both fair to the manufacturer and consumer, who would be directly benefited, and the people of our State protected from worthless and dangerous compounds. I am inclined to believe that, if our legislative committee would act in harmony with a like committee from other medical societies of this State, such a law might be passed.

The Vermont Pharmaceutical Association is endeavoring to secure the enactment of laws which will prohibit the indiscriminate handling and selling of drugs. Pharmacists are required to pass a rigid examination before a board of examiners, or be a graduate of some recognized college, before they can practice in this State. Then the country store keepers should have proper restrictions placed upon them before they are allowed to handle or sell drugs or poisons in bulk or unbroken packages. A bill was introduced at our last legislature which contained many fine points, but it was too cumbersome and introduced too late to secure enactment. This association deserve our assistance in its effort to throw out proper restrictions in the dispensing of drugs or chemicals that are detrimental to public health.

At the meeting of the American Medical Association, held at St. Paul, last June, many changes were made in the By-Laws. That some reform should be made to avoid the immense amount of scientific and legislative work which crowded the annual meetings, was apparent to all who have attended. The inauguration of a house of delegates, which is composed of delegates elected by permanently organized state and territorial medical societies, together with one delegate from the U. S. Army, one from the U.S. Navy and one from the U.S. Marine Hospital Service; the total number of house delegates are not to exceed one hundred and fifty. The state societies are to be represented by one delegate for every five hundred regular resident members, and one for every fraction of that number. In case a state has not five hundred members, it is provided it has the privilege of one representative. The house of delegates is constituted the legislative body of the association. They elect all officers and members of the various committees; it is provided, however, that each section shall elect its own officers. Vermont, under this re-organization plan, is entitled to one delegate only, who must have been a member of the American Medical Association for two years. election of this delegate is for a term of two years.

As long as the object of our society is the extending of medical knowledge, it seems as though there should be no good reason why every regular physician of good standing could not be reached by adopting the plan of re-organization.

When it is considered that most physicians at the age of seventy-five have "played their part in the great drama of life," and the relentless hand of time is fast drawing the curtain of life to a close, no better tribute could be paid than the establishment of a fund and the remittance of dues for the relief of our aged members.

While the present only is ours, and the past belongs to Him who rules the universe, let us from experience and accomplishments of the past, take new inspirations.

### Biography of Dr. Jo H. Linsley.\*

By H. C. Tinkham, M. D., Burlington, Vt.

Dr. Jo H. Linsley was born in Windsor, Vt., May 29th, 1859, the son of Hon. D. C. and Patty Linsley, and the grandson of Hon. Jo D. Hatch, for whom he was named. His family removed to Burlington when he was a boy, and he received his education in the public schools of that city. He studied medicine in the office of Dr. A. P. Grinnell, of Burlington, and graduated from the Medical Department of the University of Vermont, in 1880. He was associated with the late Dr. S. W. Thayer for a time, and then opened an office in Burlington, where he remained for a number of years. During this time he was Health Officer for two or three years, and was very active in this work, taking an advanced stand in the matter of sanitation. His efforts in securing city ordinances relative to preserving the public health, particularly in regard to plumbing, were especially commendatory.

He was connected with the Medical Department of the University of Vermont soon after his graduation as instructor in Laboratory Chemistry, and a little later as instructor in Histology and Pathology.

In 1888 he removed to New York City, having received the appointment of Professor of Pathology in a post-graduate medical school, which position he held for four years, having to relinquish it on account of his health. When in New York he was also Pathologist to several hospitals.

In 1890 he went to Berlin and studied under Koch. One month after his return Koch gave out his experiments with tuberculosis and tuberculin, and he was sent back by the post-graduate medical school to gather what information he could in regard to this new idea, so as to be able to teach it in his

 $<sup>\ ^{*}\</sup>operatorname{Read}$  at the 88th Annual Meeting of the Vermont State Medical Society.

classes in New York, and to him belongs the honor of bringing the first bottle of Koch's Tuberculin to this country.

Soon after his return he translated Fraenkel's standard work on Bacteriology.

During his stay in New York he maintained his relations with the Medical Department of the University of Vermont, having been made Professor of Histology, Pathology and Bacteriology, a position which he held until 1899.

In 1891 he resigned his position in New York on account or ill health and returned to Burlington to live. For some years he was unable to do more than his teaching at the University and some work in his private laboratory.

In 1898 he began the crowning work of his life, when he agreed to make examinations of suspected cases of diphtheria and typhoid fever for the State Board of Health, without remuneration, except that the Board should reimburse him, as far as possible, for his necessary outlay for equipment. From this our State Laboratory has been evolved, and very largely through his efforts. His work through life had been most exclusively along this line of work, and this seemed to be a rounding out of his life's work.

Dr. Linsley was a man of irreproachable character and boundless enthusiasm in his professional work. Whatever he attempted to do, he did with all his might. He was aggressive, always ready to adopt advanced ideas which appealed to him, consequently he was always in the front rank.

He did very little general practice, his professional work being entirely of a public nature, and the City of Burlington, the Medical Department of the University of Vermont, and the State,have many things in the way of medical advancement for which to thank Dr. Linsley.

He was married to Miss Nettie Ray in July, 1880, who with a son and daughter survive him.

Dr. Linsley died at his home in Burlington, Feb. 17th, 1901.

### The Best Alkaline Wash.

By W. Harpur Sloan, M. D.

Chief Ear Department, Medico-Chirurgical College, Philadelphia, Penn.

There are many alkaline preparations on the market that are used daily with varied results in conditions where such a preparation is indicated. I have tried most of them in all conditions, and after an impartial trial, I am compelled to say that the preparation known as "Glyco-Thymoline," made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic and non-irritating nature.

Having formed this opinion of "Glyco Thymoline," I have concluded to report a few clinical cases where it has given me good results.

Case No. 1.—M. L., age 23 years, came under my care suffering with a distressing case of Ozena. The turbinated bones on both sides of her nose presented a condition of marked atrophy; there was a complete loss of smell and taste, and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run down system. I placed her on a tonic of Iron, Arsenic and Strychnia, internally; locally I ordered the use of "Glyco Thymoline" in a Bermingham Douche three times a day, diluted. After a month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell; the general health was improved, and the patient herself well satisfied with the results.

Case No. 2.—C. A., age 8 years, came to me suffering with a severe Otorrhœa following Scarlet Fever. There was a muco-purulent discharge from both ears that rendered the child

completely deaf; the auditory canal was excoriated and sore, and the general health below par. I used Cod Liver Oil internally, and syringed the ears three times a day with "Glyco Thymoline." At the end of one month the discharge of pus had stopped; the hearing much improved, and the child's general health very much better.

Case No. 3.—J. W., age 25 years, came under my care suffering with an aggravated case of Cystitis, which had been treated by several of our best physicians, without much im-He had great pain in the region of the bladder and loins, which became worse on urination; a heavy deposit of mucous and some blood in the urine made his condition more distressing; his temperature was 100, which would rise a degree during the periods of pain. I used the usual treatment for such cases without positive results, when I thought of irrigating the bladder with "Glyco Thymoline" (diluted). This I did once in the twenty-four hours, at the same time giving him "Glyco Thymoline" internally in teaspoonful doses every three hours. For the first two days I did not see much improvement, on the third day there was no blood in the urine and less mucous. I continued this treatment for two weeks. when I discharged him cured.

Case No. 4.—J. H., age 35 years, consulted me for Pruritus Ani which had troubled him for several years; his business compelled him to sit the best part of the day. He had used various ointments, prescriptions, etc., for this troublesome affection, with only temporary relief. At his first visit I ordered him to bathe the rectum twice daily with castile soap and warm water, then to apply "Glyco Thymoline" half strength to the parts. After persisting for a time, the swelling and severe itching was lessened, and then left him altogether.

### The Vermont Medical Monthly.

A Journal of Review, Reform and Progress in the Medical Sciences.

H. EDWIN LEWIS, M. D., EDITOR.

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### EDITORIAL.

### Vermont's Need of a State Sanatorium for the Care of Tubercular Patients.

It may not generally be known that nearly 12 per cent. of all deaths from disease in Vermont are due to tuberculosis. Such is a fact, however, and in 1898 and in 1899, out of 1898 deaths from contagious disease, tuberculosis was responsible for 1049!! Nearly 500 lives are blotted out each year, a number greater than the average population of half of the towns in Vermont!!

Can any one imagine this body of men, women and children, 500 strong passing in one great procession to the grave each year? If they can, no further argument is necessary to show how great a problem tuberculosis presents to our community.

It is impossible to accurately estimate the value of a life, but hardly any one will deny that the average life is worth \$300. At this figure, Vermont loses annually \$150,000, to say nothing of the loss that the State bears during the period leading up to a tubercular patient's decease, from that patient's failure and inability to work.

Experiments in Massachusetts, New York and other States, as well as in foreign countries, demonstrate indisputably that 50 per cent. and over of all cases of tuberculosis can be cured in proper State sanitoria, if treatment can be inaugurated in the first stages. There is no reason why equally good results could not be obtained in Vermont, and if one-half of Vermont's tubercular patients could be saved each year, even at an expense of \$25,000, the State would still be the gainer by \$50,000! And we cannot estimate what losses would be saved by giving back to many homes the principal wage earner, thus decreasing the number of families that otherwise would be thrown on to the bounty of the State or private charity.

This only considers the question from an economic standpoint, but it has many other phases. For instance, how much anguish and sorrow would be saved if one-half of those who annually die from consumption could be given back to their homes and their loved ones? How much less actual privation and misery would be experienced by those who actually suffer the curse of the disease?

Still another phase is that which has to do with "the greatest good to the greatest number." Every consumptive is a menace to countless other human beings, and any measure which decreases the number of consumptives, decreases the danger in the same proportion. Probably not over one-half of the actual number of consumptive patients die each year, and it is a conservative estimate to say that there are at least 1,000 people suffering with tuberculosis in Vermont all of the time.

For the protection of our children, our dear ones and ourselves, ought not the number of those who are afflicted with this terrible disease to be limited to the lowest possible point? Ought not every procedure that offers a particle of aid in decreasing the public danger be utilized, if for no other reason than our own protection?

Even in its infancy, as it is, the sanatorium movement is saving and curing 50 per cent. or one-half of all cases of tuber-culosis when treatment can be started early. Therefore, with all that this means to the State, to the public, to the patient, and last, to each healthy individual, no argument is needed to justify the establishment of State sanatoria, wherever tuberculosis exists.

Vermont has won an enviable reputation for the stand taken in all sanitary matters, and let us not be behind the leaders in the care of our tubercular people.

We have a State Laboratory of Hygiene, second to none in this world; we have a State Board of Health, the equal of any, and we have the first efficient School for Health Officers in America. Let us not fall behind in the warfare against tuberculosis, and for the safety and happiness of our people, neglect no steps in decreasing the number of those who are diseased and in protecting those who are not.

This is a real problem and must be squarely met in its sociologic and economic aspects. We cannot dodge it if we try, and no laissez-faire policy will do. The march of civilization and the interests of humanity will make necessary the choice of three solutions sooner or later. For public safety and the future of our race we must eliminate the consumptive; either 1st, by isolation as we would a leper, 2d, by the same method we would rid ourselves of a diseased and dangerous animal; or 3d, we must care for him and rob him of all danger by curing his disease. Thank God, the humanitarianism of our age will recognize but one solution of this problem, and all over our land

ten years from now State sanatoria will be as common as State asylums for the insane. Let not Vermont be the last to do her share.

### Diphtheria Antitoxin Harmless.

The St. Louis case in which Tetanus appeared due to Contamination of the Serum and not to Antitoxin.

As Unwise to Condemn Antitoxin as to Prohibit Railroads
Running on Account of Accidents.

The recent unfortunate occurrence of fatal cases of lockjaw in St. Louis, in patients who had been injected with diphtheria antitoxin prepared by the St. Louis Board of Health, is particularly lamentable because of its possible effect in prejudicing the public mind against a most valuable remedy.

Investigation proves that the antitoxin employed, which was made by the St. Louis Board of Health, was contaminated with tetanus germs. The presence of these germs was either due to the neglect of a very simple procedure, which should be invariably practiced in all properly conducted antitoxin laboratories—this procedure consists in the previous immunizing or protection of all the horses employed, by means of tetanus antitoxin—or the contamination of the serum after its preparation.

Tetanus and diphtheria are two separate and distinct diseases and have nothing in common. It has been unquestionably proven in scientific circles that tetanus is caused by one poison or toxin, and diphtheria by an entirely different toxin; it has been equally well established that tetanus antitoxin will always prevent the development of tetanus, and that diphtheria antitoxin is a likewise certain preventive and cure of diphtheria. One experience will serve to illustrate the preventive value of tetanus antitoxin, which experience was reported by

Dr. Leonard Parsons, Pennsylvania State Veterinarian and one of the highest authorities in America. Dr. Parsons was consulted by the Lehigh Valley Coal Company, in whose mines large numbers of horses and mules are employed. This company experienced severe financial losses by the death from tetanus of many of these animals—loss from tetanus being as high as thirty animals a month. This company, on the advice of Dr. Parsons, adopted the routine practice of injecting each of their animals with tetanus antitoxin, since which time there have been no cases of tetanus among their animals.

This is the invariable experience the world over with the use of tetanus antitoxin to prevent tetanus. The manufacturers of antitoxin have availed themselves of this fact, so that all horses used for the production of diphtheria antitoxin are constantly kept immunized against tetanus; consequently, properly prepared diphtheria antitoxin cannot cause tetanus in the human being. To prevent the possibility of infection of antitoxin after it is prepared, it is rendered antiseptic by the addition of a harmless germicide, so that even should the antitoxin be carelessly used, no germs could live in it, and its injection would prove absolutely harmless. It is because of the neglect of either of these precautions that tetanus has occurred.

One of the largest firms in this country, located in Philadelphia, was the first to produce antitoxin in America, as soon as the great life saving value of the remedy had been established in the highest medical circles in Europe. Since 1894 this firm has sold many millions of bottles of diphtheria antitoxin and not a single case of tetanus or untoward result has ever occurred from its use; this is due to the fact that all the horses from which the diphtheria antitoxin is produced are kept constantly immunized or protected against tetanus, and every step of its preparation is under the personal direction and supervision of capable and scientific men.

Diphtheria Antitoxin is as harmless to the human being as water, because, with our present advanced scientific knowledge, it is absolutely pure and free from contamination. The experience of physicians throughout the world is unanimous as to the harmlessness of diphtheria antitoxin, even when employed in many times the quantity necessary to cure diphtheria; in fact, there is no other remedy known which is as free from danger. This is due to the absolute mathematical precision with which the purity and strength of antitoxin are determined; in no other remedy, are purity and strength so accurately governed.

Concerning the life-saving value of antitoxin it is not necessary to speak. There is scarcely a family that has not witnessed one of their members snatched from the very jaws of death by the timely use of diphtheria antitoxin. Physicians are not so unanimous upon any subject as they are upon the value of antitoxin as a life saver and preventive of diphtheria. This phase of the subject has been officially investigated by every medical society in the world, with the result that statistics, amounting to millions of cases, have been collected, which show that the mortality rate from diphtheria, since the introduction of antitoxin, is less than one-third of what it was before antitoxin was discovered.

It would be most lamentable if the St. Louis experience would engender a sense of distrust, in the public mind, of antitoxin—particularly so because physicians know where they can obtain a product which cannot, under any circumstances, occasion the slightest bad effects in the patient. It would be more unwise to condemn antitoxin than it would be for the legislature to prohibit the running of railroad trains because accidents and loss of life have occurred. Railroad accidents cannot be avoided, but bad effects from antitoxin can be, because this remedy is furnished in a state, the purity and harmlessness of which cannot be questioned.—Ex.

# Medical Abstracts.

How Do You Treat Habitual Canstipation?—S. A. Knoff, (New York Medical Journal). The writer offers the following therapeutic measures to combat habitual constipation: First, Educational Means; second, Mechanical; third, Hydrotherapeutic; fourth, Electrical; fifth, Dietetic; sixth, Medicinal.

In a patient who has not had a movement of the bowels in several days the writer suggests calomel as the best remedy to give. It is best given in small doses according to the age of the patient. When given in small doses you give only so much as will be ingested and salivation is less likely to occur. It is best given half hour after a meal. The diet the previous day should be mild and more or less liquid. The educational means to overcome habitual constipation should be inaugurated early in life. Children as well as grown people should be taught the absolute necessity of going to stool at a regular time each day. Plenty of time should be taken in the act. No reading should be done at this time, his whole mental and physical energies should be concentrated on the accomplishment of this function. The pregnant woman should be impressed with the importance of not allowing constipation to become chronic with her.

"Under hygienic treatment of chronic constipation I understand: a, To clean the teeth after each meal with the aid of tooth-pick, brush, and clean water; b, to have diseased teeth promptly treated; c, to take meals at regular times; d, to take time for meals, eat slowly, and chew the food well; e, not to read or do difficult thinking while eating (light, pleasant con-

versation, on the other hand, is to be recommended); f, not to eat in workshop or office; g, not to eat when tired or exhausted from either physical or mental work, but whenever practicable rest in a sitting or recumbent position from half an hour to an hour before the principal meal, either in the open air or in a well ventilated room; h, not to begin to work mentally or physically immediately after eating, but rest, if possible, at least from fifteen to thirty minutes; i, to use a water-closet which is well aired, well lighted, cool in summer, comfortably warm in winter; j, to use soft toilet paper and, whenever possible, some water to clean the external anal region."

In the way of mechanical means, the writer suggests walking and deep breathing in the open air, but never when tired. All out-door sports are recommended when not carried to excess. Massage in this trouble is of great importance, also circular friction and kneading about the umbelicus from right to left. Of the hydrotherapeutic means to overcome constipation we have internal and external measures, or both combined. He does not recommend hot water enema as routine practice. Water taken internally in one-half tumberful every half hour after a meal is a most valuable remedy in such cases. Electricity is mentioned and may be applied in some cases with advantage. Under dietetic treatment is understood the use of more fruits, liquids, vegetables, etc. He emphasizes the fact that all constipated patients should avoid the use of alcoholic drinks. Constipation in children should receive particular attention in regard to their diet. Too starchy, nitrogenous and saccharine foods should be prohibited.

Of the medicines mentioned calomel in fractional doses comes first. Olive and castor oil are recommended, also the different salts of potassium and sodium. Of the vegetable laxatives cascara-sagrada is perhaps the best. For children syrup of manna is an unusually good preparation.

So much for the treatment of constipation. It all goes to show that we must "treat the habitually constipated patient, but never the habitual constipation."—*Charlotte Med. Jour.* 

Chronic Gastritis.\*—Report of a case by Dr. Charles J. Pollard, Princeton, Ky. Chronic gastritis is a condition of the stomach almost daily met with in this country in a more or less well developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach.

This disease is almost invariably associated with more or less indigestion manifested by many protein symptoms and accompanied by more or less active vomiting of the ingested materials.

The gastric secretions are almost without exception abnormal, many fermentative changes taking place in stomach contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following case, while not strictly in accord with true homoeopathic prescribing, perhaps was so prompt in effect and has proven so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H., came to me from an adjoining country and applied for treatment having been through the hands of two old school physicians, in the last four years.

His age, 57; average build, lean, languid, dull, expressionless eyes, coated tongue, dirty, sallow colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleep-

<sup>\*</sup> Read before the meeting of Kentucky State Homœopathic Medical Society, May 29, 30, 1901.

less nights, constipation alternating with occasional attacks of diarrhea, vomiting, not marked, loss of flesh, weak pulse, flabby muscles, in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed nux vomica and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly.

He reported again on the 21st of June, 1900, and gave history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the meantime I had been studying this case arduously, I read of a case having been successfully treated with hydrozone and glycozone, then I concluded to use these as adjuvants when patient returned.

Owing to impossibility of regular lavage, I furnished patient with two ounces of hydrozone and directed him to add one ounce to a quart of sterilized water and take half a tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort he said from accumulation of gas.

Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and three grains of nux vomica.

The next report was the 16th of July when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort.

Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one-half years. Treatment was discontinued of course. I saw this patient recently and he had practically no trouble since last August.

Dr. Finlay Ellingwood, in his excellent Materia Medica, says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is ulceration or catarrhal gastritis.

It is a most efficient preparation and I shall use it freely in the future.

# BOOK REVIEWS.

The Physician's Visiting List for 1902.—Fifty-first year of its publication. Philadelphia: P. Blakiston's Son & Co.

The progress and worth of this old yet new Physician's Visiting List is worthy of much praise. Its several varieties containing space sufficient to record all that is necessary, and the many tables that each variety contains, render them just the thing for the busy practitioner. Its longevity bespeaks its popularity.

Libertinism and Marriage.—By Dr. Louis Julien (Paris). Translated by R. B. Douglas. Pages v-169. Cloth, \$1.00. Philadelphia: F. A. Davis Co., Publishers, 1914-16 Cherry street.

This interesting, but rather peculiar book, treats very delicately, yet with sufficient force, the social aspects of urethritis or gonorrhea. It has to do with the effect these diseases have on married life; the dangers to either husband or wife from a latent or a presumably cured attack of gonorrhea; and the best methods of compassing all the various questions liable to arise. Although bedecked with rather flowery language due

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to a perfect translation from the French, the book certainly will be of interest and benefit to every physician, especially those who have many genito-urinary patients.

A Treatise on the Acute Infectious Exanthemata.—Including Variola, Rubeola, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P. Lond., Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-tone Plates from Life, and 2 Engravings. Pages viii-392. Size, 6½ by 9½ inches. Sold only by Subscription. Price, Extra Cloth, \$4.00 net, delivered. Philadelphia: F. A. Davis Company, Publishers.

The author of this most interesting book has in a masterly practical manner presented a work along the line of more recent clinical research.

The book abounds in valuable colored plates, the delicate shades of which strikingly portray the particular diseases and the changes they pass through. The work will certainly be of great usefulness to the practitioner, particularly at this time, when eruptive diseases, notably small pox, are so prevalent.

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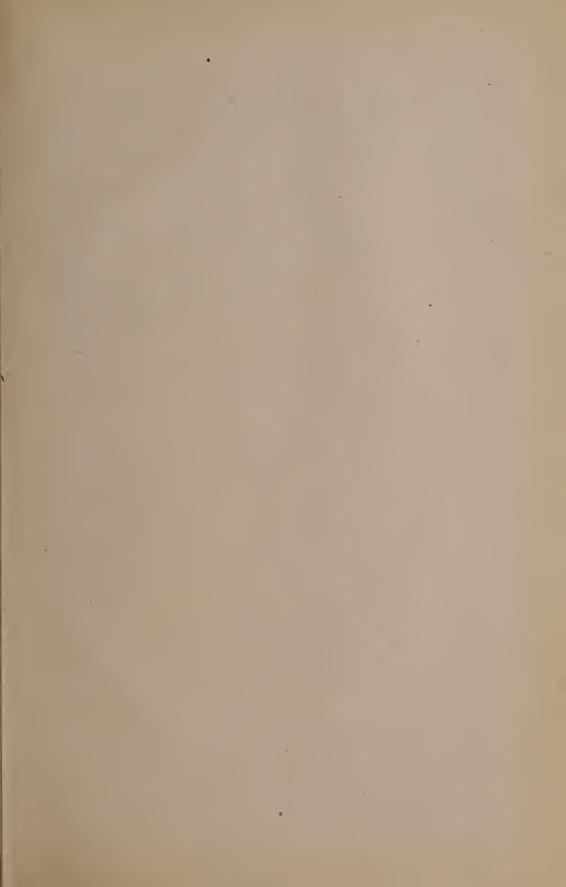
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